DOTCHESTER   MARKITAND   Lift of the STAY IN 16   S. CITY OR TOWN III outlide corporate limits, write RURAL and give neared town)   Cambridge   Lifetime   Cambridge   Cambr		P.V			USUAL RESIDEN			TH	PLACE OF DEAT	1,
Cambridge  d. Name of Hospital or Institution (if not in hospital, give street eddress)  Cambridge—Md. Hospital  3. Name of Decased (Type or print)  William  Mace  Arnie  Death  January  8. Date of Birth  Male  White  Widowed  Divorced  Jan. 25 1920  Whospital  John J. Arnie  10. KIND of BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stete or foreign sountry)  Grocer  13. Father's Name  John J. Arnie  15. Was Deceased ever in u.s. Armee Forces?  16. Social Security No. 17. Informant  Address  Address		Dorche			Mary					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital), give street address)  Cambridge - Md. Hospital  205 Washington St.  Yes  Cambridge - Md. Hospital  207 PATE   DATE   Month   Dev    DEATH   January 8   January 8    S. SEX  COLOR OR RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   S. AGE (in veer list birthdey)   Howelf   Dev   Dev   Howelf   Dev   Howelf   Dev   Dev   Howelf   Dev	eresi town)	RURAL end give n	rete limits, write			200	ote fimits, vn)	N (if outside corporated give nearest tow	write RURAL en	
Cambridge Md. Hospital  205 Washington St. Y  NAME OF DECERBED (Type or print)  William Mace Arnie DEATH January 8  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   Jan. 25 1920   S. AGE (In years   IF UNDER 1 YEAR   F. In the state of the print)   S. SEX   S. COLOR OR RACE   7. MARRIED   DIVORCED   Jan. 25 1920   S. AGE (In years   IF UNDER 1 YEAR   F. In the state of the print)   S. SEX   S. COLOR OR RACE   7. MARRIED   DIVORCED   Jan. 25 1920   S. AGE (In years   IF UNDER 1 YEAR   F. In the state of the print)   S. SEX   S. SEX   S. COLOR OR RACE   7. MARRIED   DIVORCED   Jan. 25 1920   S. AGE (In years   IF UNDER 1 YEAR   F. In the state of the print)   S. SEX   S	7.1	0								
3. NAME OF DECERSED (Type or print)  William  Nace Arnie  Arnie  Death January  8  5. SEX  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH  Male White Widowed   DIVORCED   Jan. 25 1920  10a. USUAL OCCUPATION (Give kind of work done during meet of working life, even if retired) Grocer  13. PATHER'S NAME  John J. Arnie  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT  Yes, no, or unknown) (Ityssalive were ordeless of service) Yes WW 2  16. CRUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) Gun shot wound stomach and liver.  DUE TO Conditions, if any, which give to immediate cause (e), stelling the underlying cause level.  DUE TO Conditions, if any, which give to immediate cause (e), stelling the underlying cause level.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. VES  20a. EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. VES  20a. EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. VES  20a. EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. VES  20a. EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. VES  20b. EXTERNAL CAUSE WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. VES  20b. EXTERNAL CAUSE OF DEATH. While Not with the work of t	e. IS RESIDEN									
DECERSED  (Type or print)  William  Mace  Armie  Armie  DEATH  January  8  5. SEX  6. COLOR OR RACE  Male  White  Whowed  Divorced  Jan. 25 1920  Jan. 25 1920  Months  Last birthday  Months  Last birthday  Months  Deys  Honding Index  Grocer  10a. USUAL OCCUPATION (Give kind of work done during model of working life, evan if refired)  Grocer  13. FATHER'S NAME  John J. Armie  14. MOTHER'S MAIDEN NAME  John J. Armie  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, or unknown) (Hysse give were orderes of service)  Yes  WW 2  18. CAUSE OF DEATH [Enter only one sewes per line for (a), (b), end (c).]  PART II. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (a) Gun shot wound stomach and liver.  DUE TO  Conditions, if eny, which give rise to immediate cause [e), sheling the underlying souse best.  DUE TO  Conditions, if eny, which give rise to immediate cause [e), sheling the underlying cause best.  DUE TO  Conditions, if eny, which (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Very part 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Very part 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Very part 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Very part 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Very part 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Very part 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Very part 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GOVERNOR CONTRIBUTION GOVERNOR CONTRIBUTION GOVERNOR CONTRIBUTION GOVERNOR CONTRIBUTION GOVERN	YES NO		- Land			A	-Md. Ho	mbridge-		-
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Male   White   WIDOWED   DIVORCED   Jan. 25 1920   46 yrs.   Mountain   Mou				9.	ATE OF BIRTH	D NEVER MARRIED   8	RACE 7. MARS	6. COLOR OR	SEX	5.
Grocer    Grocer   Cambridge Md.   U.S.	Hours Min		46 yrs.	,						
Grocer    Gambridge Md.   U. S.     13. FATHER'S NAME	WHAT COUNT	12. CITIZEN O				IND OF BUSINESS OR INDUSTR	of work 10b.	ATION (Give kind of working life, even if	ne during most of we	10a do
John J. Arnie  Is. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Address [17. INFORMANT Address [17. INFORMANT Address [17. INFORMANT Address [17. INFORMANT Address [18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] Peritonitis  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) Gun shot wound stomach and liver.  DUE TO  Conditions, if eny, which gave rise to immediate cause [e), steling the underlying out to [e), steling the underlying cause test.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [i.e]] 19. VES  PRIMARY Or CONTRIBUTING CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of Hem 18.)  Was shot by a holdup man.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED CONTRIBUTY (Home, ferm, 20f. (City or lown) (County) fectory, street, office bidg., stc.)  PROPERTY OF COMPANY OF COMPANY OF COUNTY (Home, ferm, 20f. (City or lown) (County) fectory, street, office bidg., stc.)  ONE of the county		U. S		100						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes  WW 218-14-4562 Mrs. Wm. Arnie Cambridge Md.  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:  DUE TO  Conditions, if eny, which geve rise to immediate cause [e], salting the underlying cause feet.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. VES  20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. VES  20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. VES  20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. VES  20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. VES  20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. VES  20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. VES  20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. VES  20a. EXTERNAL CAUSE WAS PRIMARY TO OF CURRED (Enter neture of injury in Pert I or Pert II of Hem 18.)  WAS Shot by a holdup man.  20a. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED (FINJURY (Home, ferm, fectory, street, office bldg., etc.)  While Not While el work GROWN GROW				NAME	MOTHER'S MAIDEN				PATHER'S NAME	13.
See   WW 2   218-14-4562   Mrs. Wm. Arnie   Cambridge   Md.			-	Stocke						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Gun shot wound stomach and liver.  DUE TO  Conditions, if eny, which geve rise to immediate cause [e), stating the underlying cause feet.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. V  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. V  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. V  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. V  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. V  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. V  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. V  PART II. DEATH WAS CAUSE BY:  OUT TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. V  PART II. DEATH WAS CAUSE BY:  OUT TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. V  PART II. DEATH WAS CAUSE BY:  OUT TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. V  PART II. DEATH WAS CAUSE BY:  OUT TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. V  PART II. DEATH WAS CAUSE BY:  OUT TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. V  PART II. DEATH WAS CAUSE BY:  OUT TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. V  PART II. DEATH WAS CAUSE BY:  OUT TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. V			Address			- 0 - 1 1 - 1	D FORCES? 1	EVER IN U.S. ARMED	s, no, or unkown) (	15. {Ye
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20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Hour *.m. 12/30/66   Not While Not While et work GROCERY Store Cambridge Dor.	PERFORMED?		ONDITION GIVE	INAL DISEASÉ C	LATED TO THE TERMI	NTRIBUTING TO DEATH BUT NO		HER SIGNIFICANT CO	PART II. OTHE	ATION
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Hour e.m. 9:112PM.m. 12/30/66   Value of Work   el work   GRocery Store   Cambridge   Dor. N			f item 18.)	Peri I or Peri II o				CAUSE WAS	20a. EXTERNAL C.	ERTIFIC
		(County)	ne town)	m. 20f. (City)	_					
	[State]			c.)	street, office bldg., etc	Not While feet	Wh		, Hour e.m.	EDIC
21. 2 certify that I look charge of the femalis described above, held all Allopsy	(Stete)	Dor.				4	~~			2
death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner	Md.	200	, mgon)				_		-	
CHIEF MEDICAL EXAMINER	Md.		stermined my	- Olice		Accident [], Sale	ai causes	Haldi	Court Leadiner	
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SIGNATURE M.D. DEPLITY MEDICAL EXAMINER X 1/10/67	Md . n my opinio	anner 🗌		_	ACCICTANT MER		1	Yel	ACTUAL	
EXAMINER'S Tohn Moon In M D	Md.	anner	R 🗍	DICAL EXAMINES	M.D. ASSISTANT MED	ence)	in M	John	SIGNATURE	
226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county)	Md. n my opinior	0/67	1/10	DICAL EXAMINER	M.D. ASSISTANT MEE	M.D.	ace Jr	John Ma	SIGNATURE	
Burial Jan. 11, 1967 E. New Market Cemetery E. New Market Md 23. FUDERAL DIRECTOR // ADDRESS   24e. REC'D BY REGISTRAR'S SIGNATURE	Md	phoner   p.   p.   p.   p.   p.   p.   p.   p	R [] 1/1(	DICAL EXAMINES  AL EXAMINER   city, fown, or co	ASSISTANT MEDICA  DEPUTY MEDICA  Address (Street,			TION, 226. DATE	EXAMINER'S NAME (Type)	220

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00636 FOR STATE 0063R HEALTH DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 6. COUNTY Dorchester n COUNTY 2, and 3 to PM3. Page a. STATE Dorchester 10 Maryland MARYLAND delay dea b. CITY OR TOWN (If outside carparate limits, write RURAL and give neorest town)

Cambridge Depart ment c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) All life Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if nat in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Item 18. Give Poges 1, Office along with form 72 hours 715 Pine St. 715 Pine St. NO A 24 hours ofter deoth. NAME OF First Middle Last Month Doy DECEASED within Joseph w. Bavnem 67 January (Type or print) 19 DEATH S. SFX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Hours 3/17/1908 Male Negro WIDOWED DIVORCED event 100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Laborer UOUNTRY? PATRICIAL Maryland Exominer 14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME be executed within Louis Baynem Sarah Cromwell and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 816 Fairmount Ave. or removal, (Yes, no, or unknown) (If yes give wor or dotes of service) Norma Jones Cambridge, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY Instant Coronary occlusion IMMEDIATE CAUSE (a) writing the ward certificate should buriol, cremation, DITE TO Conditions, if any, which gove rise to immediate couse (a), farwarded to DUE TO stating the underlying cause 0 00 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) to please execute the certificate, NO X pe 20c. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) agent, priar PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d INSURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, affice bldg., etc.) Not While DIRECTOR: Poge at work at wark its designoted 21. I certify that I took charge of the remains described above, held an Autopsy for Inspection X Inquiry ond in my opinion director. moy be retained FUNERAL DIRECTO deoth resulted from: Notural couses T Accident Suicide | Homicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY 1/12/67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy to FUNER Health of John Mace Address (Street, city, tawn, or county) 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION DATE THEREOF LOCATION (City or Town) REMOVAL (Specify) BURIAL 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15ME 俊 Charles

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00637 OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH and 2 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY ftek MARYLAND by th CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Pag within 72 hours filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO YES completely to executed within NAME DE Last DATE First Middle 4. Month Day Year DECEASED DF DEATH remove carb (Type or print) 19/ 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IIF UNDER 24 HRS DATE OF BIRTH 7. MARRIED 8. NEVER MARRIED last birthday) | Months Hours 1 and WIDOWFD DIVORCED Internation of the please re-.= 10a. USUAL OCCUPATION (GIVe kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) CITIZEN OF WHAT during most of working life, even if retired) pe certificate FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give was or dates of service) 16. SOCIAL SECURITY NO. Address 17. INFORMANT · this certificate has been signed by the after detached for use as the burial-transit permit is Dept. of Health prior to burial, cremation, or death 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Cardiac Bronchopneumonia from Decompensati the hospital or attending physician. Hypertensive arteriosclerottt Heart disaese 8vrs Conditions, if any, which (b) gave rise to immediate DUE TO 25yrs cause (a), stating Generalized artiosclerosis underlying cause last, ERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY PERFORMED? YES NO F 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. director, page 3 should be c should be filed with the State While Not While be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred a 9:50 A from the causes and on the date stated above. saw the deceased alive on\_ 28767 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR X M.D. Page 4 may PHYSICIAN'S NAME (Type) 22d. ADDRESS director, p Harold lummer Preston Maryland BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23b. 23c. REMOVAL (Specify) **FUNERAL DIRECTOR** ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 4-64



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND #0 CERTIFICATE OF DEATH 00640 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) ORCHESTER 248 Glenwood Avenue county lbet 24 hours after MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Cambridge, Md c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and completely filled in by remove carbon papers. Pag n any event, within 72 hours Easten, Maryland 20.0 Unknown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Md Hespital, Incorporated 248 Glenwood Avenue NO Z executed within NAME OF DECEASED First DATE Middle Last Month DEATH January (Type or print) James 19 Benson AGE (In years IF UNOER 1 YEAR IF UNOER 24 HRS. last birthday) Months | Days | Hours | Min. 6. COLOR OR RACE | 7. MARRIEO | NEVER MARRIEO DATE OF BIRTH Male 9-14-1880 Negre WIDOWEO ! DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physiefan ease No INDUSTRY during most of working life, even If retired) COUNTRY? Easten, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending permit. Then Nichelas Bensen Susan Themas ned by the attend 1-transit permit. II, cremation, or r 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) (1f yes give war or dates of service) 217-03-400 Cambridge Md Hespital 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. OEATH WAS CAUSED BY: Cardiac Decompensation IMMEDIATE CAUSE (a) n signed burial-tra burial, cr DUE TO Arteriosclerotic Carciovascular Disease Conditions, If any, which been gave rise to immediate **OUE TO** ir this certificate has bee detached for use as the ite Dept. of Health prior to cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO IT DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20c, TIME OF INJURY Month, Day, Year e After Hour a.m. While Not While at work p.m. at work 1966 to January 6 1967, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from Dec TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 19 6 M. from the causes and on the date stated above. saw the deceased alive on. and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE ATTENOING 1-14-67 DIRECTOR M.D. PHYSICIAN'S 22d. ADDRESS Fassett, M. D. Campridge Md. Edwin BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Jan 10.1967 Ivytewn Cometery Ivytewa Maryland ACORESS 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Millianello Dashiell Funeral Heme, Dever St. Easteh, Md. VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRI PRESTON STREET BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00639 PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. STATE Pennsylvania o. COUNTY b. COUNTY Dorchester 40 death. MARYLAND Department b. CITY OR TOWN (If outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge Swarthmore DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 haurs 1175 Michlenburg Avenue DOA Cambridge Maryland Hespital NO X Give Pages death. 3. NAME OF Middle First Lost 4. DATE Month Doy Year DECEASED OF ARTHUR W. 19 67 BINNS Jan. 28. (Type or print) DEATH bud IF UNDER I YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS Mar. 22/. Male Months 18 White Dovs Hours DIVORCED WIDOWED event 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired)
Realator Wheatcheer, Iowa COUNTRY? n dny 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within pencil Edward Binns Esther Braacken pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16 SOCIAL SECURITY NO. 17. INFORMANT remaval. Hespital Records, Cambridge, Md. Unk No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 10 IMMEDIATE CAUSE (o) This certificate should writing the ward crematian, DHF-TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse last. burial, WAS AUTOPSY PERFORMED? the certificate. YES X NO its designated agent, priar ta 20o. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Mem 18.) 3 shauld PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) Hour o.m factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection | Inquiry Dr. ond in my opinion Natural causes the funeral director. death resulted from: Suicide [ Hamicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 10 FUNE Health NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION DATE THEREO! 23d. LOCATION (City or Town) Buraa (Specify) Feb 2, 1967 Friends Shouth Western Upper Darby, Penna. 24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland VR A15ME (5) 6M 1766

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Harris St. Co.

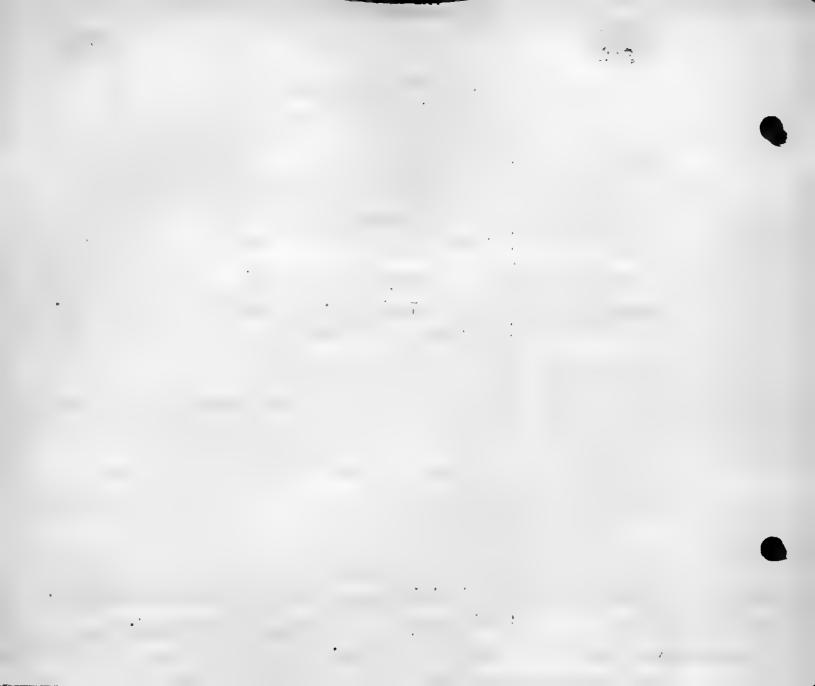
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1	160	7 \ I	MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
7	110	7		00640	CERTIFICATE	OF DEATH	0	0642
	haurs after death n by the funeral s. Pages 1 and 2 haurs after death		(	PLACE OF DEATH  D. COUNTY  DORCHESTER  CITY OR TOWN (15 outside corporate limits,	MARYLAND c LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deci o. STATE MARYLAND c CITY OR TOWN (If outside corp.	b. COUNTY SOMER:	SET
•	4 hours afte I in by the f ers. Pages 72 hours afte	.0	(	write RURAL and give nearest lown) CAMBRIDGE, MARYLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	1	CRISFIELD, A	İARYLAND	6. IS RESIDENCE ON A FARM?
	within 2 ely fillee ban pap within	11	3. [	EASTERN SHORE STATE H NAME OF First DECEASED (Type or print) GERTRU	Middle	620 MAIN STE	E Month	Doy Year
	complete move car		\$ 5	6. COLOR OR RACE 7 MAR		DATE OF BIRTH  03-17-93	9. AGE (In years IF UNDER lost birthdoy) Months 73 yrs.	
	ate be e ician and lease rer and in a		dyr	JSUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)  NK NOWN	10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, of	foreign country) 12 (	COUNTRY? U.S.A.
	n certific ng phys Then p emoval,			FATHER'S NAME  MAJOR PARKS  WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	14. MOTHERS MAIDEN NAME  ADELINE PAR  IFORMANT	RKS Address	
	he deatl e attendi permit. tion, or r		(Ye	s, na, ar unknown) (If yes give war ar dates of service)  NO  1B. CAUSE OF DEATH (Enter only one cause per fir	218-05-8901 A	EASTERN SHORE S	TATE HOSPITAL	RECORDS INTERVAL BETWEEN
	Page 4 may be retained by the hospital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campretely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be detached far use as the burial, transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. af Health prior to burial, cremation, or removal, and in any event, within 72 havrs after death			PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) UR	lomerulosclerosi	is (diabetic	)	1 year Jeans
	: The far ir attend e has bo use as		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT				19. WAS AUTOPSY PERFORMED? YES NO
	YSICIAN nospital certifica ched far pt. af He		AL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (I	Enter noture of injury in Port I or I	·	County) (State)
	by the P fter this be deta State De		MEDICAL	Hour o.m.	While Not While of work of work	ry, street, office bldg , etc.)		67 , that (I) (we) las
ATTEND etained l CTOR: At should l				saw the deceased alive an 01-	-25 19 67, and that	death accurred at 10:304  ATTENDING — MED.	M, fram causes and an	the date stated above  DATE SIGNED  25-67
	may be I RAL DIRE , page 3 be filed v	1		22c. PHYSICIAN'S NAME (Type) CARLOS F.	m.D.	PHYS. DIRECTOR	4	hester Md.
	TO HOSPITAL Page 4 may TO FUNERAL I director, pages	1	230	BURIAL, CREMATION, 23b. DATE THEREOF 1-28-	Belle Haven	REMATORY 23d. Bel	LOCATION (City or Town)	(County) (Stote)
	VR A15 (4) 20 M 1/66		24	ELLERY DIRECTOR Danglety f.	Elmore, Va.	250. REC'D BY REGI	27 1967 ACC	signature large Judge



61VD	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	APVIAND
ATE	00641 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0643
DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived, if institution: Re	sidence before admission
5	Dorchester MARYLAND 8. STATE Maryland 6, COUNTY Dorch	chester
	b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	
	wrlla RURAL and give nearest town) Cambridge entire life Cambridge	117
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE
Л	102 Choptank Terrace 102 Choptank Terrace	ON A FARM?  YES NO 2
ď	3. NAME OF First Middle Lest   4. DATE Month	Day Year
1	(Type or print) Robert Lee Dail Death January 23	196719
1	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 Y	
ı		eys Hours Min.
-	10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF INDUSTRY 11 RETIFIED OF Foreign sountry) 12 CITY	EN OF WHAT COUNTRY
-	done during most of working life, even if retired)	J.S.
-	13. FATHER'S NAME	7.0.
	Daniel E. DAil Clara Lake	
ŀ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT	ank Terrac
	(Yas, no, or unkown) (ifyesgivewarordelesofservice)	
-	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	I INTERVAL BETWEEN
- 1	PART I. DEATH WAS CAUSED BY	Instant
	IMMEDIATE CAUSE (e) COPONARY OCCIUSION  1/0 1/1 DUE TO	THECHIL
1		
ı	gave rise to immediate cause	
1	(a), stating the underlying DUE TO	
Į,		(e) 119. WAS AUTOPSY
U	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1  20e. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.	PERFORMED?
	20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)	152 [] NO KI
	PRIMARY OF CONTRIBUTING CONTRIB	
		y) (State)
	Hour e.m. While Not While factory, street, office bldg., atc.)	,,
1		and in my opinion
ı	death resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined manner	and in my opinion
	CHIEF MEDICAL EXAMINER	
	ACTUAL ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE 7 /OL /6	
- }	EXAMINER'S Token Month Token Token D	
7	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county)	(State)
ρ	REMOVAL (Specify)	
P	23., UNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAN 246. REGISTRAN'S SIG	NATURES
7	Security R. Thornes Cambridge, Md. DATE JAN 31 1967 William	
Ē	I DAIL OILL O	<u> </u>



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH CERTIFICATE 00643 00665 requires that the death certificate be executed within 24 haurs after death. funeral 1 and ter death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o. COUNTY Derchester, Maryland tely filled in by the function papers. Pages 1 c. within 72 hours after d Maryland MARYLAND b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 Presten Maryland d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? Belle HavenNursing Heme, Hurleck, Md YES NO Z and completely fi remave carban NAME OF Middle First Lost 4. DATE Manth Day Year DECEASED (Type or print) CHARLES FOSTER FRANCIS Jan 17, 1967 event, 19 DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 9 AGE (In years 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH birthdoy) Manths Days Haurs Male Negre 9- 1- 1890 and in any WIDOWED DIVORCED and 100 JSUAL OCCUPAT ON (Give kind of work dane during most of working life, even if retired) 106 KIND OF BUSINESS OR 12 CH ZEN OF WHAT COUNTRY? USA 11 BIRTHPLACE (County & State, or foreign country) signed by the attending physician or burial-transit permit. Then please burial, cremation, ar removal, and it N INDUSTRY Easten, Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Fester Eliza Driggins 15. WAS DECEASED EVER IN U.S. ARMED FORCE 57
(Yes, na, ar unknawn)
(11 yes give war ar dates af service) 16 SOCIAL SECURITY NO 17 INFORMANT Address 217-36-1517 Belle Haven Nursing (address above) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY 4 WARKS IMMEDIATE CAUSE (a) Bronchopneumonia & Urmeia as the result DUE TO Metastatic Carcinomatosis 2yrs Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause be retained by the haspital or attending ed for use as the of Health prior to has been Carcinoma of the prostate vrs PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Drabetee rellitus moderately severe YES NO P this certificate ATTENDING PHYSICIAN: 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF E THER, NOTIFY MEDICAL EXAMINER! MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Manth, Day, Year (City or fawn) (County) (State) Haur a.m factory, street, affice bldg, etc.) Not While O FUNERAL DIRECTOR: After ta 1.17.67, 19\_\_\_, that (I) (we) last 21 I certify that (I) (this haspital), attended the deceased fram director, page 3 shauld shauld be filed with the 16/67 19 and that geath accurred at 20 PM2 from causes and an the date stated above 22g SIGNATUN 226 DATE SIGNED ATTENDING STAFF M.D PHYS. PHYS OIRECTOR MULLER 22d ADDRESS PRESTON, MARYLAND H.B.PLUMMER M.D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b. OATE THEREOF 23d LOCATION (City or Town) (State) 23a. BURIAL CREMATION. (County) Jan 21.1967 Careline Mt Pleasant Cemetery Prester. ADDRESS 2Sb REGISTRAR S 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Easten, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Divisign of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00644 CERTIFICATE OF DEATH 00646 death, within 24 haurs after death puo CHMBRURY funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY a. STATE b. COUNTY/ filled in by the tune in papers. Pages 1 a inthin 72 haurs after d MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) wate RURAL and give nearest tawn) 3mc. 20 day d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS entral YES NO X carban NAME OF DATE Middle Doy Year Lost DECEASED 0F 15 Gardner 1967 and in any event, (Type or print) Man DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 9 AGE (In years 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH NEVER MARRIED remove lost birthdoy) Months Hours WIDOWED DIVORCED 06-22-76 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be during most of working life, even if retired) COUNTRY? please INDUSTRY physician Chapel, Maryland true m 13. FATHER 5 NAME 14 MOTHER'S MAIDEN NAME burial, crematian, or removal, attending phys unknown gardner 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO **Address** (Yes, no, ar unknown) (If yes give war ar dates af service Castern 720-09-1395 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) )
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO AMERICSCLISHOSES Canditions, if ony, which gave rise to immediate cause (a), DUENTO. stating the underlying cause , page 3 should be detached far use as the be filed with the State Dept. of Health prior to **DIRECTOR:** After this certificate has been last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) PERFORMED? NO YES T 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MED, CAL (City or town) (Stote) 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) factory, street, affice bldg, etc.) Hour a.m. Nat While of work 1964 ta\_ 21. I certify that (I) (this hospital) attended the deceased from 11-13 \_, 19<u>6-7</u>, that (I) (we) last 1967, and that death accurred at 2 M, from causes and an the date stated above. saw the deceased alive an\_\_\_\_ 220. SIGNATURE 225. DATE SIGNED M.D. PHYS DIRECTOR ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) Shore Eastern HOSPITAL directar, should be 23c. NAME OF CEMETERY OR CREMATORY 23d LQCATION (City, or Jown) (State) 23d? BURIAL CREMATION DATE THEREOF (County) REMOVAL (Specify) 25b REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR limilar VR A15 (4) 20 M 1/66

/\	00645	CERTIFICATE	OF DEATH	00547
, 	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, if institution	Residence before admission)
	o. COUNTY DORCHESTER	MARYLAND	O. STATE MARY LAND b. COUNTY	DORCHESTER
	b CITY OR TOWN (If outside corporate imits, write RURAL and give pearest town)	ENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL o	and give nearest town)
8	URAL CAMBRIDGE	24 YRS.	CAMBRIOGE	07.1
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give str	reet oddress)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
(3 E	ASTERN SHORE STATE HOSPITAL		•	YES NO
3	NAME OF First	Middle	Lost 4. DATE Month OF	Doy Year
L	DECEASED (Type or print) JOSEPH		HARRIS DEATH JAN. 3	19 67
S	SEX 6 COLOR OR RACE 7. MARRIED		inst hirthday) Me	UNDER I YEAR   IF UNDER 24 HRS.
	MALE WHITE WIDOWED		1877 ?   89 ? yis	
10	o USUA, OCCUPATION (Give kind of work done ring most of working life, even if retired) INDUSTR	BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	FARM LABORER		Mo.	U.S.
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	ROBERT HARRIS		MARTHA HUBBARO	
1:	for no areafrough (Iff upraise upras dates of service)		FORMANT Address	
Ľ			OSPITAL RECORDS	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b PART 1. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) BRONCE	HOPNEUMONIA		
	OUE TO	IC NEDUDITIO		
	rice to immediate couse (a)	IC NEPHRITIS		
	stoting the underlying couse DUE TO			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	LTH DUT NOT DELATED TO TH	IE TERMINAL DICEASE CONDITION CIVEN IN PART I(a)	19 WAS AUTOPSY
2 NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	THE DUT NOT KLEATED TO TH	LE TERMINAL DISEASE CONSTITUTO STYLIN THE FACT TO	PERFORMED?  YES NO
CERTIFICATION	20a ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE	HOW INITIRY OCCURRED (F	nter noture of injury in Port I or Port II of item 18.)	10   10
ERT	OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE HEAVY SECONDED IN	and the state of t	
MEDICAL	20c TIME OF INJURY Month, Day, Yeor 20d INJURY	OCCURRED 20e. PLACE	OF INJURY (Home, form, 20f. (City or town)	(County) (State)
MED	Hour o.m. While		ry, street, office bldg., etc.)	
	21. 1 certify that (I) (this haspital) attended t		MAY 15 , 1942 , to JAN . 3	., 19 <u>67</u> , that (1) (we) las
	saw the deceased alive an JAN. 3	19 <u>67</u> , and that	death accurred atM, fram causes and	an the date stated above
	220. SIGNATURE			22b. DATE SIGNED
	Flyd In tiscury	M.D.		1/3/67
	22c. PHYSICIAN'S	.==/ 1/ 5	22d. ADDRESS	- 14
1	NAME (Type) FELIPE M. DOMING		T.S.S. HOSPITAL, CAMBRIDGE	
23	ONIAL CREMATION 23b OATE THEREOF 23c	. NAME OF CEMETERY OR CE	17 / 11/ 1 / 34. (/ /	(County) (Stote)
1	REMOVAL (Specify) // 6/67 //	MUETILICA	X / All line	le illa.
1 3	4 FUNERAL DIRECTOR	ADDRESS		RAR'S SIGNATURE
`	Dolle M. these	7	DATE JAN 11 1967 400	cover Judge
				1/



1 (M	Division of STATIST		EPARTMENT OF HEALTH II W. PRESTON STREET, BALTIMORE, MAF	RYLAND 21201
FOR STATE	00646	MEDICAL EXAMINER'S		00648
Page Page HEALTH DEPT.	1 PLACE OF DEATH O COUNTY DO RC heste	MARYLAND	2 USUAL RESIDENCE (Where deceased lived, finst o STATE Marchand b C	OUNTY Some eset
ages 1, 2, and 3 to lith farm PM3 Page State Department of 2 haurs after death.	6. (TY OR TOWN (If auts de carparate limits write RURAL and awa nearest town) RURA - 4mbRid	4	C CITY OR TOWN (If audide carparate limits write Deals Island	RURAL and give nearest lawn)
Pages 1, 2, with farm 16 State Depo		State Hospital	d STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO
de ly we have the	3 NAME OF FIR DECEASED (Type or print) TRES	letter in the second se	Warris DEATH Jax	Month Day Year J. 21 19 67
rs after of 18. Give e along v	temale White	7 MARRIED NEVER MARRIED DIVORCED D	8 DATE OF B RTH  08-31-89  9 AGE (n years) last b bday  77 Yrs	) Manths Doys Haurs Min
	Tha USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	10b KIND OF BUSINESS OR NDUSTRY	11 BIRTHPLACE (State or foreign country)  Maryland	12 CITIZEN OF WHAT COUNTRY? CIS C.
I within 24 in pencil in Examiner's File pages and in any	Edward Abb	oft	Ellen Langrall	
구르면 때요	15 WAS DECEASED EVER N US ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of		1	te flospital
shauld be executed to ward "pending" of the Chief Medical burial-transit permit.	18 CAUSE OF DEATH (Enter only one couse PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE	7.	1 remaria	UNTERVAL BETWEEN ONSET AND DEATH
25 a x 3 2 2	rise to immediate on ise (a) [	(D) 12 - Tune 1	weed of James	1me
s certificate standard to farwarded to used as a but burial, cremo	stating the underlying cause last.	(c)		
This certificate cate, writing the be farwarded to be used as a to the tree to be used.		sain dream	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	YES NO DE
무료 모호	200 EXTERNAL CAUSE WAS PRIMARY PAPE CONTRIBUTING COURSE OF DEATH	June to	(Enter nature of injury in Part or Part It of Item 18)	- Saturt
= 0 v + cv = ,	20c TIME OF INJURY Manth, Day, Year Hour am	While Nat Whi e for	(CE OF IN.URY (Home, forh, tory street affice blug, etc.)	(County) (State)
IESTAL EXA ease execute irrector Page anined for you RECTOR: Pag designated a	, , , ,	e of the remains described above no il causes [], Accident [, Suit	cide . Hamicide ., Undetermined	nquiry [], and in my opinian manner []
y MESS.C., please e al director e retained AL DIRECT	ACTUAL SIGNATURE	much	CHIEF MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
O DEPUTY MESTAL EXAM necessary, please execute the funeral directar Page 4 5 may be retained far your O FUNERAL DIRECTOR: Page Health at its designated age	EXAMINER'S NAME (Type)  236 BURIAL, CREMATION, 23b DAVE THE	NACE JR REOF 230 NAME OF CEMEFERY OR	DEPUTY MEDICAL EXAMINER Address (Street, city, town, ar county)	7 Tawn) (Codnty) (State)
5 = = 5	KNOVA (DEOM)	ADDRESS	CMETERY DEAL I	SCHOOL (COUNTY)  REGISTRAR'S SIGNATURE
VR A15ME (5)	Lorg Welstin	- Hricer an	DATE JAN 27 1967	y Charles Judge



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and death 1. PLACE OF DEATH 2. USDAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Dorchester b. COUNTY Dorchester a. STATE Maryland MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Cambridge c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in by a papers. Page in 72 hours a 45 years Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Cambridge Maryland Hospital ON A FARM? 822 Locust Street an and completely fi e remove carbon pa in any event, within YES NO A executed within 3. NAME OF First Middle Last DATE Month THE EAST MILDRED BROHAWN HARRISON Jan. 66 (Type or print) DEATH 19 6. COLOR OR RACE | 7. MARRIED | X NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 5. SEX DATE OF BIRTH Nov. 25, 1912 Female White WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) The law requires that the death certificate be Dorchester Co., Maryland USA Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rev Brehawn Minnie Bell Willey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) Mr. Francis W. Harrison, Cambridge, Md. ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma, generalized. mths. signed Jin.
been s
the buria, c DUE TO Conditions, If any, which Carcinoma of breast. vears gave rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION WAS AUTOPSY PERFORMED? NO E YES | 5 this cerum detached for 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (State) 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While at work should 21. I certify that (!) (this hospital) attended the deceased from Marky 19 66, to January 3, 19 67, that (1) Wel last DIRECTOR: age 3 should led with the 1967 and that death occurred at 7.00 M. from the causes and on the date stated above. saw the deceased alive on January 3 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. 5 M.D. DIRECTOR Page 4 may Da O HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Alfred R. Maryanov. M. D. 610 Race St., Cambridge, Md. 21613 23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (specify)

Lurial

Jan 6, 196 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) East New Market, Maryland Jan 6, 1967 East New Market Cemetery 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland VR A15 (4) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00648 **FOR STATE** HEALTH DEPT.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b COUNTY Dorchester o. COUNTY Dorchester o STATE Maryland MARY, AND CLENGTH OF STAY IN 16 b ( TY OR TOWN (If outside corporate imits, c. E. TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 1 week Cambridge a NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS S RESIDENCE ON A FARM? Cambridge Maryland Hospital 116 Sandy Hill Road YES NO [2] 3 NAME OF Middle DATE First Lost Year EUNDNE DECEASED  ${f F}$  . HOLTON Jan. 31 19 67 (Type or print) DEATH 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS Male. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH White May 15, 1914 52 yrs Months Hours WIDOWED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF TAHW during most of working like evenut et rust. Foreman Natural Can Co Can 60. COUNTRY? USA Fultin, New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vulma Miller Earl G. Holton IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Eugene F. Helton, Cambridge, Md. Unk NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Coronary occlusion IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? NO 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, affice bldg., etc.) Hour o.m. While Not While ot work ot work Inspection X 21. I certify that I taak charge of the remains described above, held an Autopsy [ Inquiry and in my apinian death resulted fram: Natural causes 🗶 Undetermined manner Accident Suicide | Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DC **EXAMINER'S** Address (Street, city, town, or county) Cambridge. John Mace Jr. M.D. NAME (Type) Md. BUR AL CREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR) 23d LOCAT ON (City or Town) (County) (Stote) ( I METHE 4, 1967 Feb Fulton, New York 24 FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Maryland

DATE

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FUNERAL DIRECTOR: Poge

in Item 18. Give Poges haurs after death

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certificate should be executed within

writing the word

the certificate,

please execute

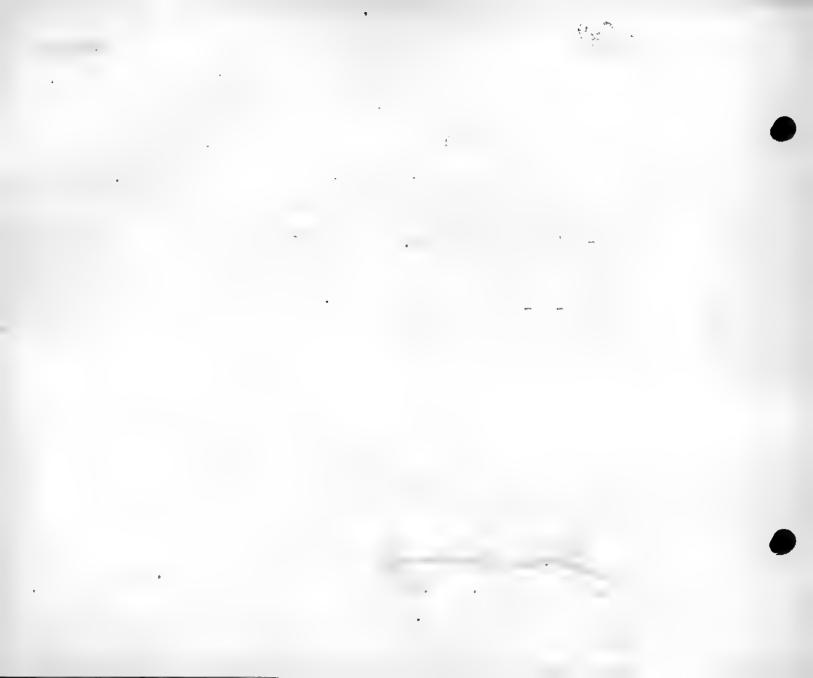
the funeral director.

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**EXAMINER:** 

TO DEPUTY

Chief Medical Examiner's



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00651 70 5 funera and death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY Pages 1. a. STATE b. CDUNTY DORCHESTER MARYLAND MARYLAND Wicomico b. CITY OR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) bon papers. Pag within 72 hours hours .⊑ 12 DAYS QUANTICO. <u>Cambridge (rural</u> d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES ND FASTERN SHORE STATE HOSPITAL SANDY HILL completely ive carbon p 3. NAME DE First Middie 4. DATE Last Month Day Year DECEASED event, (Type or print) DEATH 19 67 HURLEY JANUARY and con 5. SEX 6. COLDR DR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED in any WIDOWED # DIVORCED 95-15-77 WHITE 10a OSUAL DCCUPATION (Give kind of work done) 10b, KIND DE BUSINESS DR 12. CITIZEN DF WHAT 11. BIRTHPLACE (County & State, or fereign country) physician a during most of working life, even if retired) INDUSTRY and COUNTRY? USA certificate RETIRED

13. FATHER'S NAME MARYLAND remova! 14. MOTHER'S MAIDEN NAME attending i HANNAH HURLEY HURLEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address 0 (Yes, no, er unkown) ((If yes give war or dates of service) transit permit cremation, or RECORDS OF THE EASTERN SHORE STATEHOSPITAL been signed by the the burial-transit p for to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO a stern schroke Conditions, if any, which gave rise to immediate DUE TD cause (a), stating the underlying cause last. has CERTIFICATION PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health PERFORMED certificate the hospital or ND D YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached for the Dept. of CAL 2Dc. TIME DF INJURY Month, Day, Year 2Dd. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. MEDI Not While After retained by at work 19 at work p.m. ppnous 21. I certify that UP (this hospital) attended the deceased from 196 DIRECTOR: age 3 should filed with the and that death occurred at come M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURA 22b. DATE SIGNED page ATTENDING PHYS. MED. DIRECTOR M.D. PHYS may PHYSIDIAN'S FUNERAL TO FUNERAL director, p should be f 22c. 22d. ADDRESS NAME (Type) 4 JOHN BLAIR WEBSTER M.D. EASTERN SHORE STATE HOSPITAL BURIAL, CREMATION, NAME OF CEMETERY DR CREMATORY 23b. DATE THEREOI LOCATION\_(City, town or county) (State) 23d. REMDVAL (Specify) UNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) 20M 1/65

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1 (N)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
death	00650 CERTIFICATE OF DEATH 00652
	1. PLACE OF DEATH a. COUNTY D orchester  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. CDUNTY D orchester
	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)  Cambridge  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Rural—Crape
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Glenburn Nursing Home  d. STREET ADDRESS ON A FARM? YES X ND
	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) HIRAM S. INSLEY DEATH Jan. 27, 1967
I	5. SEX Male   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in years   F UNDER 1 YEAR   F UNDER 24 HRS.   Min.   Widowed   Widowed   Min.   Months   Days   Hours   Min.   Min.   Widowed
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR lind of working life, even if retired)  10c. KIND OF BUSINESS OR lind of working life, even if retired)  10c. KIND OF BUSINESS OR lind of working life, even if retired)  10c. KIND OF BUSINESS OR lind of working life, even if retired)  10c. KIND OF BUSINESS OR lind of working life, even if retired)  10c. KIND OF BUSINESS OR lind of working life, even if retired)  10c. KIND OF BUSINESS OR lind of working life, even if retired)  10c. KIND OF BUSINESS OR lind of working life, even if retired)  10c. KIND OF BUSINESS OR lind of working life, even if retired)  10c. KIND OF BUSINESS OR lind of working life, even if retired)  10c. KIND OF BUSINESS OR lind of working life, even if retired)  10c. KIND OF BUSINESS OR lind of working life, even if retired)  10c. KIND OF BUSINESS OR lind of working life, even if retired)  10c. KIND OF BUSINESS OR lind of working life, even if retired)  10c. KIND OF BUSINESS OR lind of working life, even if retired)  10c. KIND OF BUSINESS OR lind of working life, even if retired)  10c. KIND OF BUSINESS OR lind of working life, even if retired)  10c. KIND OF BUSINESS OR lind of working life, even if retired)  10c. KIND OF BUSINESS OR lind of working life, even if retired)  10c. KIND OF BUSINESS OR life life life life life life life life
Ì	13. FATHER'S NAME  Levin A. Insley  Amanda Pritchett
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) Unk  One of the control of th
1	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  Cenditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (b)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES NO PRESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	20a. ACCIDENT WAS UNDERLYING (2000) 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, Part 2Df. (City or town) (County) (State)  Hour a.m. While Not While at work at work at work
	21. I certify that (I) (this hospital) Attended the deceased from 7/1/5/19/17, to 19/19, that (I) (we) last saw the deceased alive on 19/21, and that death occurred at 19/21. M, from the causes and on the date stated above.  22a. SIGNATURE  M.D. ATTENDING DIRECTOR DIRECTOR PHYS. 120. ADDRESS 122d. ADDRESS 122
	NAME (Type) L3 WYE W / VIRY 2007 6/0 K3(r) T C3 m bridge Mo 23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF DEMETERY OF CREMATORY   23d. LDCATION (City, town or county) (State)
)	Buriai Jan 30, 1967 Dorchester Memorial Park Cambridge, Maryland  24. FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
	LeCompte Funeral Service, Cambridge, Maryland DATE JAN 31 1967 Misseles Judge



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
1	00653 CERTIFICATE OF DEATH 00653	
	1. PLACE OF DEATH a. COUNTY Dorchester  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admits a. STATE Maryland b. COUNTY Dorchester	sion
ĺ	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Rural Federalsburg  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Rural Federalsburg	วพก)
ĺ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  RFD Federalsburg  0. IS RESIDE ON A FAR YES XX NO	M7_
	3. NAME OF First Middle Last 4. DATE Month Jan. 26, 1967 (Type or print) ALICE BELL KENNEDY DEATH Jan. 26, 1967	
	5. SEX Female    6. COLOR OR RACE   7. MARRIED     8. DATE OF BIRTH   9. AGE (In years	
	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR line life, even if retired)  10c. KIND OF BUSINESS OR line life, even if retired)  10c. KIND OF BUSINESS OR line life, even if retired)  10c. KIND OF BUSINESS OR line life, even if retired)  10c. KIND OF BUSINESS OR line life, even if retired)  10c. KIND OF BUSINESS OR line life, even if retired)  10c. KIND OF BUSINESS OR line life, even if retired)  10c. KIND OF BUSINESS OR line life, even if retired)  10c. KIND OF BUSINESS OR line life, even if retired)  10c. KIND OF BUSINESS OR line life, even if retired)  10c. KIND OF BUSINESS OR line life, even if retired)  10c. KIND OF BUSINESS OR line life, even if retired)  10c. KIND OF BUSINESS OR line life, even if retired)	
	13. FATHER'S NAME Henry Bell Mary Bremwell	
ĺ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Unk Mr. John M. Kennedy, RFD, Federalsburg, M	ld.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Supparties carreer and continuous supparties the continuous supparties of the continuous suppa	<b>ITH</b>
	Conditions, If any, which gave rise to immediate (b)	
	cause (a), stating the DUE TO underlying cause last. (c)	
		D?
ı	2Da, ACCIDENT WAS UNDERLYING   2Db. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)  CHARLES OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ı	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State of the county)   4	:e)
١	21. I certify that (I) (this hespital) attended the deceased from 1965, to 1965, to 1967, that (I) (we) saw the deceased alive on 1967, and that death occurred at 6 AM, from the causes and on the date stated at	
	228. SIGNATURE  M.D. ATTENDING  MED. STAFF  22b. DATE SIGNED  27 Jan 67	
	22c. PHYSICIAN'S NAME (Type)	
	Burial (Specify)   Jan 28, 1967   East New Market Cemetery   East New Market, Marylan	*
	24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland DATE FEB 1 1967 "Charles Yung	3
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2, 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. CDUNTY Dorchester a. STATE Maryland **b. COUNTY** Dorchester in and completely filled in by the f remove carbon papers. Pages I in any event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town)
Cambridge c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 15 years Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Cambridge Maryland Hospital DN A FARM? 901 Peachblossom Avenue ND.KX executed within 3. NAME OF DECEASED First Middle DATE Day BLANCHE DF DEATH MIJR PHY LEWIS 19 67 (Type or print) Jan. 31. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. iast birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH Female White Sept. 15, 1890 WIDOWED IX DIVORCED [ ermit Then please re on, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWLIE
HOME 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Dorchester Co., Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ZJ. Holliday Murphy Dora Delaha 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address transit permit. (Yes, no, or unkown) (If yes give war or dates of service) Mrs Della McWilliams, Cambridge, Maryland The law requires that the death Unk 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES T NO D 2D2. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) MEDICAL | 20e. PLACE OF INJURY (Home, farm, | factory, street, office bldg., etc.) | (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) Hour a.m. - Not While TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State at work at work 21. I certify that (I) (this hospital) attended the deceased from 6.7 and that death occurred at 10.4M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF M.D. 22d. ADDRESS W. N. Baumann, MD NAME (Type) Cambridge, Md. 23a. BURIAL CREMATION, 23b. DATE THEREOF Burial Feb 2, 196 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Feb 2, 1967 Vienna Cemetery Vienna, Maryland ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00654 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o COUNTY b COUNTY Dorchester 3 ta Page Dorchester Maryland Ġ, aeath. MARYLAND b CTY OR TOWN (if autside carparate limits, c CITY OR TOWN (If outside carparate I mits, write RURAL and give nearest town) c LENGTH OF STAY IN In ond Cambridge nearest tawn) Life Cambridge d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS S RESIDENC hours ON A FARM? 403 Boundary Avenue DOA Cambridge Maryland Hospital Give Pages YES 🗔 NO X Q te 3 NAME OF Middle 4 DATE Doy Year within 72 DECEASED EMERSON LEROY MARSHALL Jan. 67 27 (Type or print) DEATH 19 IF UNDER 1 YEAR B. DATE OF BIRTH S SEX 6 COLOR OR RACE 9 AGF (In years FUNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Male White Feb. 11, 1927 Months Doys Hours WIDOWED DIVORCED 24 hours event 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT dur no most of work ng life even fret red)
Maintenance Gas Company Cambridge, Maryland COUNTRY? USA in ony pages 14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME This certificate should be executed within Raymond Marshal Agnes Hurley Fle gud 16 SOCIAL SECURITY NO 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes no, or unknown) (If yes give wor or dotes of service) 218-20-8581 removal. Mrs. Emerson L. Marhshall, Cambridge, Md. pending" IB CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY Bullet wound of brain cremation, ar IMMEDIATE CAUSE (a) icate, writing the ward be farwarded to the C DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO O stoting the underlying couse used as burral, c lost. WAS AUTOPS)
PERFORMED? PART I OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAU DISEASE CONDITION GIVEN IN PART I(o) please execute the certificate. age 3 shauld be u NO X 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) PRIMARY OF CONTRIBUTING COLUMN CAUSE OF DEATH self with 38 pistol playing Russian roulette MESTAL EXAMINER: 20e PLACE OF INJURY (Home, form, ((ity or town) 20c TIME OF INJURY Month, Day, Year (County) factory, street, office bldg , etc.) White Not While of work may be retained far your FUNERAL DIRECTOR: Page of work Home Cambridge Md. Dor. TO FUNERAL DIRECTOR 21 | certify that I took charge of the remains described above, held an Autopsy [ ], Inspection X, Inquiry , and in my opinion the funeral director. deoth resulted from Noturol couses Accident . Suicide . Undetermined monner Homicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 1/29/67 **EXAMINER**<sup>45</sup> John Mace Jr. Address (Street, city, town or county) NAME (Type 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURJAC, CREMATION 23b DATE THEREOR Jan 30, 1967 Dorchester Memorial Park Cambridge, Maryland 25b REGISTRAR S SIGNATURE 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Milarles LeCompte Funeral Service, Cambridge, Maryland VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00655 00654 CERTIFICATE OF DEATH death be executed within 24 haurs after death and campletely filled in by the funeral remove carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND DORCHESTER MARYLAND DORCHESTER c LENGTH OF STAY IN 16 b. City OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 28 write RURAL and give nearest town) remove carban papers. Pag n any event, within 72 hours CAMBRIDGE CAMBRIDGE (RURAL MONTHS d. NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 🗜 EASTERN SHORE STATE HOSPITAL 497 BAYLY AVE 3. NAME OF DECEASED 4. DATE Last Day Year (Type or print) DEATH JAMES <u>Marshall</u> JANUARY AGE (In years IF JNDER YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) 4 /87 yrs. Months Days Haurs WIDOWED DIVORCED 2-22-79 MALE 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) Diedse during most of working life, even if retired) COUNTRY? INDUSTRY Dirt ond requires that the death tertificate DORCHESTER MARYDAND USA
14. MOTHER'S MAIDEN NAME LISA 13. FATHER'S NAME ar removal by the attending pay WILLIAM JAMES MARSHALL ARA BROW 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16\_SOCIAL SECURITY NO. 71 (Yes, no, or unknown) (If yes give war ar dates of service) RECORDS OF THE EASTERN SHORE STATE HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) a has been signed by the course as the buriol-transit partition of the puriol, crematic PART I. DEATH WAS CAUSED BY ONSET, AND DEATH IMMEDIATE CAUSE (a) neumonia DUE TO an disease Conditions, if any, which gave rise to immediate cause (a), DUE TO use as the lath priar to b stating the underlying cause Page 4 may be retained by the haspital ar attending Chars lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate ģ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 200 ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour am not Mark factory, street, Drice oldg., etc.) shauld be 21 I certify that # (this haspital) attended the deceased fram \_\_\_\_\_ 1967, that 🏰 (we) last 1967, and that death occurred at 235 PM, from causes and on the dote stated above saw the deceased alive an Jan 10 director, page 3 sha shauld be filed with 22b DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S MAME (Type) EASTERN SHORE STATE JOHN BLAIR WEBSTER M. HOSPITAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) Burial (Specify) Jan 13, 1967 Greenlawn Cemetery Cambridge, Maryland 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR tionles VR A15 (4) 20 M 1/66



n malest	1,.	- r		YLAND STATE DEPARTMENT OF HEALTH Arch and records, 301 W. Preston Street, B	ALTIMODE 1 MADVIAND
		MILL	00655	CERTIFICATE OF DEATH	00656
	24 hours after death. Filled in by the funeral and 2	death	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased (	lived, If Institution: Residence before admission)
	er c	er o	Dorchester	MARYLAND 2. STATE Maryland	Dorchester.
	aft y th	s aff	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)
	in b	no	Cambridge	50 years Cambridge	100
	led led	77 72	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	ospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	y fill	<i>≘00</i>	701 Locust St.	701 Locus	st St. YES NO [
	icate be executed within 24 hours after physician and completely filled in by the find lasts. Pages 1	t, wi	3. NAME OF First DECEASED (Type or print) Thomas	Middle Last 4. DATE DF DEATH 3	Month Day Year
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	ecut nd c	my e	Male White WIDOWED	DIVORCED 9 Oct. 1884 82	birthday) Months Days Hours Min.
	ex Ex	i a	1.010	IND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fere	
	be be	and		nning Vienna District	
	icat,	<u>re</u>	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	THE STATE OF	emò	Thomas E.McCready	Harriet Ann -	
	te if	0	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknwn) ((If yes give war or dates of service)	SOCIAL SECURITY NO. 17. INFORMANT	Address
	deat deat le at	jo,			<u>icCready Cambridge</u>
	the the	mat	18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	cian ed t	, c	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	verna	- Vsty
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. O'FUNERAL DIRECTOR: After this certificate has been signed by the attending physician diseases the hirial-transit permit. Then inlease	uria	Conditions, if any, which ) (b) (1)	teno- plusta CVPD	yrces
	ing pring pen	\$	gave rise to immediate Cause (a), stating the DUE TO	1	7
	w re endies as b	rior	underlying cause last. (c) UN	New Belevon, gran	
	he ta r att te h	f Health prior to t	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTED  20a. ACCIDENT WAS UNDERLYING 1 20b. D  OR CONTRIBUTING 1 CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	ITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORMED?
	K: Ti tral o	<u>≅</u> ਵੂ ∨∕	20a. ACCIDENT WAS UNDERLYING 1 1 20b. D	DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 o	
	ICIA 10Spi cert cert	State Dept. of H	20a. ACCIDENT WAS UNDERLYING   20b. C OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	HYS he h this	De la	8	NJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City of factory, street, office bidg., etc.)	or town) (County) (State)
	by, t	tate	Hour a.m. While p.m. 19 at work	La Not write (La)	
	etained TOR: Af	he S	21. I certify that (I) (this hospital) attende	ed the deceased from Jacusto, 1967, to Ja	1967, that (I) (we) last
	TTE etai	with the	saw the deceased alive on	1967, and that death occurred at M, from th	e causes and on the date stated above.
	be r	× =	228. SIGNATURE	M.D. ATTENDING MED. ST.	TAFF HYS.
	TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR:	e filed	220. PHYSICIAN'S NAME (Type)	M.D. PHYS. DIRECTOR PH	2 /
	e 4		/ NAME (Type)	1 Culouly	Ma
	Page C	should be	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)		ON (City, town or county) (State)
	FF		Burial   17 Jan. '67	Green Lawn Cometery Cambri	
	VR AIS	A PA			67 lanes Judge
	20M 1/		parais of strains for	DAIE JAIL TO 10	4 4
			•		



, 4:	Items 18821 Film 387 4-7- WARYLAND STATE DEPARTMENT OF HEALTH	
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	
FOR STAFE	00656 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00657
HEALTH DEPT.	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence	before admission)
ary delay s, 2, and 3 to n PM3 Page epartment of s ofter death	a COUNTY Dorchester Maryland b. COUNTY Dorc	chester
delay ond 3 A3 Poc treent er deat	b CITY OR TOWN (f. outside corporate limits of STAY IN Ib Ic CITY OR TOWN (if outside corporate limits write RURAs and give	
on on on on on on on on the	write RURA, and give nearest town) Cambridge Life Cambridge	
S of	d NAME OF HOSPITAL OR INSTITUTION (If not in haspito, give street address) d STREET ADDRESS	e S RESIDENCE ON A FARM?
form form	Cambridge Maryland Hospital 804 Maces Lane	YES NO K
This certificate should be executed within 24 hours ofter death 1f any delay state, writing the word "pending" in penal in Item 18. Give Pages 1, 2, and 3 to be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 1 be used as a burial-transit permit. File ages 1 and 2 with the State Department of at to burial, cremotion, or removal, and a language seems within 72 hours ofter death	3 NAME OF First Middle Last 4 DATE Manth DECEASED OF T	Day Year
r de Ive g w the lin /	(Type or print) WIIIIam Sankston McCready DEATH Jan. 20,	1967
ofte 2. G 2lon viff with	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 18 DATE OF BIRTH 9 AGE (In years I FUNDER IN Married 18 AGE (IN YEAR) AGE (IN Y	YEAR IF UNDER 24 HRS Doys Hours Min
n 18 n 18 ce c	MATO MOSTO	IFA OF MEAT
	during most of working life, even if retired) INDUSTRY	ZEN OF WHAT NTRY?
er's er's	Student School Maryland USA	<u> </u>
	Arthur McCready Irene Elloitt	
Exar Exar		
INER: This certificate should be executed within 24 e certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner's files. 3 should be used as a burial-transit permit. [inc., gas Int., prior to burial, cremation, or removal, and any only prior to burial, cremation, or removal, and any only prior to burial, cremation, or removal, and any only only only only only only only on	(Yes, no, ar unknown) (If yes give war ar dates at service)	dae Ma
should be executed no word "pending" is the Chief Medical buriol-tronsit permit.	No None Mrs. Irene McCready Cambrid  B CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))	INTERVAL BETWEEN
be e 'per lef h	PART I DEATH WAS CAUSED BY PANDING / Antopysy Dehydration	ONSET AND DEATH
Chi Chi	571.1 DUE TO	
woo woo the the the original	(Conditions, if any, which gave ) (b) Gastro-enteritis	l wk.
te s the to to to to	rise to immediate cause (a), stating the underlying couse DUE TO	
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or to be to be to be to be	CATIC	YES K NO
d be	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part I of item 18.)	
cert cert naun les. shou	CAUSE OF DEATH  20 TIME OF INJURY Month Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame form, 20f (City or town) (Coun	ty) (State)
MECTAL EXAMINER: blease execute the certification. Page 4 shaund director. Page 4 shaund promisers. Page 3 shoulds: designated agent, principle.	Hour a m. While Not While factory, street, affice bldg, etc.)	(31018)
L EXA ecute Page for you R: Pag ated a	p.m. 17 at work 🗀 arwork 🗀	4 1
AL EXA execute or. Page of for you TOR: Pogginated a	21. I certify that I taak charge of the remains described above, held an Autopsy X, Inspection , Inquiry , death resulted from Natural causes X, Accident , Suicide , Hamicide , Undetermined manner	and in my opinion
MED-A please ex- director. etained f DIRECTO	CHIEF MEDICAL EXAM NER	
MED please I directo refame I DIREC	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EPUTY Ssary, p funeral ay be r INERAL	DEPUTY MEDICAL EXAMINER X 1/25/67	
TO DEPUTY MEDICAL EXAMINER: This necessary, please execute the certificate, the funeral director. Page 4 shaund be far 5 may be retained for your files.  TO FUNERAL DIRECTOR: Page 3 should be a Health or its designated agent, prior to	NAME (Type) John Mace Jr. M.D. Address (Street, city town, or county) Cambrid	
O D E He ol	privacy (r t)	County) (Stote)
	BUTTAL Specify) 1/22/67 Crapo Cemetery Crapo, Dor. IN	Ad.
VR A15ME (S	The state of the s	eles andre
6M 1/66	DATE JAN 37 1967 Vilian	May Viedas



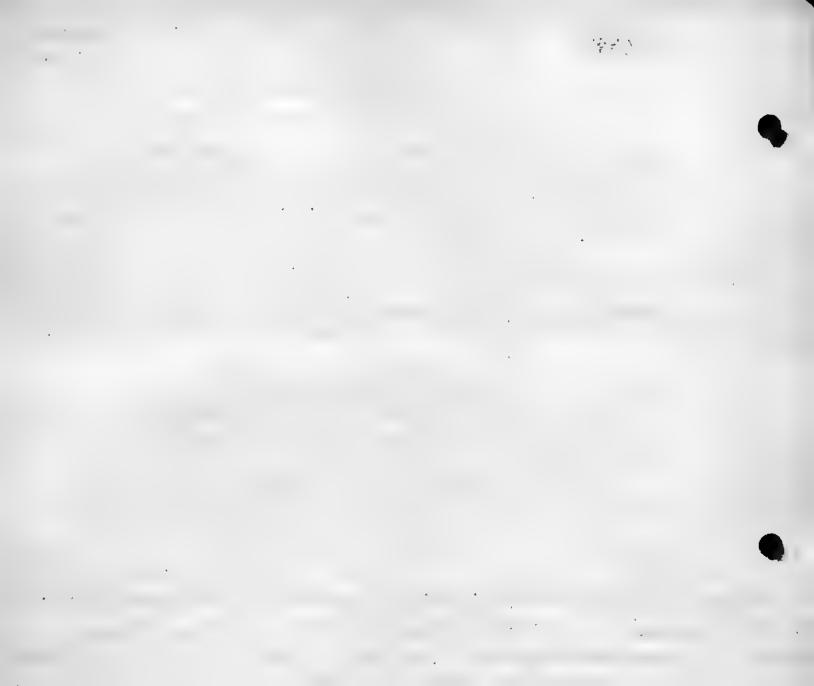
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF 00657 00658 FOR STATE HEALTH DEET PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Montgomery o COUNTY Dorchester ry delay is 2, and 3 to PM3. Page Maryland 쓩 death. MARYLAND Department b CITY OR TOWN ( f outside corporate mits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cambridge haurs after o 2 mths 12 da Onley d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 308 Mill Street YES NOTEX Item 18. Give Pages after death alang with NAME OF Middle FIRST 4 DATE Month Doy Year OF DEATH DECEASED ROBERT FRANK January 11 1967 McDERMOTT Ť within (Type or print) with 6 COLOR OR RACE AGE (In years IF UNDER I YEAR S SEX 8 DATE OF BIRTH IF UNDER 24 HRS 7 MARRIED NEVER MARRIED ost birthdoy) Hours Male White WIDOWED /X DIVORCED X July 5, 1916 event 24 hours gug 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 8:RTHPLACE (State or foreign country) 12 C TIZEN OF WHAT Directer-Rebilitation Alcolism COUNTRY? :/eshin\_ton, D. C. in any sabod 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wallace C. Mc Dermott Ann Grace and 17 INFORMANT 15 WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECUR TY NO permit. This certificate shauld be executed (Yes, po, or unknown) (If yes give wor or dates of service) or removal, Zilda Mc Dermott 6814 e stern Ave S.h D 'pending' INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c)) burial-transit Coronary occlusion Instant DEATH PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) icate, writing the word be farwarded to the Ct burial, crematian, DUE TO Conditions, if ony, which gove (6) rise to immediate couse (a) DUE TO stoting the underlying couse 0 QS nseq WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(o) 8 YES X CERTIFICAT please execute the certificate. NO 0 200 EXTERNAL CAUSE WAS its designated agent, priar 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of Item 181) shauld PRIMARY I or CONTRIBUTING CAUSE OF DEATH 20c. IIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page of work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Notural couses death resulted from. Accident Suicide [ Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY 5 may be 1 TO FUNERAL Health or i 1/13/67 DEPUTY MEDICAL EXAMINED X DEAMRIERA John Mace Jr. NAME (Type) Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Arlington National Cem. Jan 16th1967 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 25b REGISTRAR S SIGNATURE VR A15ME (5) LeCompte Funeral Service, Cambridge, Maryland 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



, i.	PLACE OF DEATH			2. USU3	L RESIDENCE (	Where deceased live	d, If institution: Re-	sidence before admission
	a. COUNTY	la a a la a a		e. STA	TE	b, C	OUNTY	
$\vdash$	b. CITY OR TOWN (if ou	hester	c. LENGTH OF ST	YLAND	Mary.	Land	Dor	chester
	write RURAL end giv	re nearest fown)	C. EUROTT OF SI	4. CII	OK TOWN (IT DUT	sida corporala limits,	Write KUKAL and	give nearest town)
<u> </u> _	Camb	ridge	52 y	ears	Cambi	ridge		
	d, NAME OF HOSPITAL	OR INSTITUTION (if	not in hospital, give street add	lress) d. STR	EET ADDRESS	0		IS RESIDENCE ON A FARM?
	101	Wisteria	Drive		1 C1 V	Visteria	Drive	YES NO TO
3.	NAME OF DECEASED	First	Middle	L	nsl 4.	DATE	Month	Day Year
	(Typa or print)	XXXXXX	Edgar Thoma	a Mennu	weather	OF DEATH To	nuoni 7	19 67
5.	SEX 6.		. MARRIED NEVER MARRI	ED   8. DATE OF	MCG O 191	9. AGE (In y	nuary 7	EAR IF UNDER 24 HRS.
	Male	White	WIDOWED DIVORC		15, 1899	last birtho	lay) Months Da	Hours Min.
10	a. USUAL OCCUPATION one during most of working	(Giva kind of work	106. KIND OF BUSINESS O	R INDUSTRY   11. BIRTI	IPLACE (State or for	reign sountry)	12. CITIZ	EN OF WHAT COUNTRY
	Parts Mgr.	A 1110' OA40 II LOIILOQ	Shipyard	To	ndon Er	ngland	77	S.
13	FATHER'S NAME		1 minth out at		ER'S MAIDEN NAM	E	1 0.	ρ.
	Thomas H	onno Mo	narranathan	m.	h-n-n (1-			
15	. WAS DECEASED EVER II	N U.S. ARMED FORCE	rryweather	IO   17 INFORMA	hresa Ca		dress	
(Y	es, no, or unkown)   (Ifyes	give war or dates of serv	vice)					
_	No		1213-22-50	ou Mrs.	Edga <u>r Me</u>	rryweat	her Car	mbridge Md
			suse per line for (a), (b), and	(c).)				INTERVAL BETWEEN ONSET AND DEATH
	2 IMM	AS CAUSED BY: REDIATE CAUSE (a)	Coronary oc	clusion				1 day
		DUE TO						
	Conditions, if any, w							
	gave rise to immediate							
	(a), stating the under cause last,	(c)						
ᄌ	PART II. OTHER SIG		ONS CONTRIBUTING TO DEA	TH BUT NOT RELATED T	O THE TERMINAL D	ISEASE CONDITION	GIVEN IN PART 1	e) 19. WAS AUTOPSY
CERTIFICATION								PERFORMED?
THC	20a. EXTERNAL CAUSE	E WAS 201	DESCRIBE HOW INJURY O	CCURRED. (Enter nature	of injury in Part Lo	or Part II of item 18.1		YES NO
CERT	PRIMARY   or CONTR	LIBUTING 🗆			many more to			
CAL	20c. TIME OF INJURY	Month, Day, Year	20d. INJURY OCCURRED	20. BLACE OF BUILD	W/H	04 101		
	Hour a.m.	Monis, Day, 1481	WhileNot While	20e. PLACE OF INJUR factory, street, of	fice bldg., atc.)	Of. (City or lown)	(County	(State)
2			al made to the state of					
MEDIC	p.m.	19	at work at work					
MEDIC			the remains described a	bove, held an Auto	opsy , Insp	ection 🛣, In	quiry,	and in my opinion
MEDIC		I took charge of	the remains described a	bove, held an Auto , Suicide .	opsy . Insp Homicide .	ection <b>X</b> , In		and in my opinion
MEDIC	21. I certify that	I took charge of	the remains described a	, Sulcide .		Undetermine		and in my opinion
MEDIC	21. I certify that death resulted from	I took charge of	the remains described a	, Suicide	Homicide	Undetermine		, , ,
MEDIC	21. I certify that death resulted from ACTUAL SIGNATURE	I took charge of	the remains described a	Suicide	Homicide	Undetermine INER   EXAMINER   EXAMINER	d manner	DATE SIGNED
MEDIC	21. I certify that death resulted from actual SIGNATURE EXAMINER'S	I took charge of Natural caus	the remains described a ses X. Accident	Suicide CH CH M.D. AS	Homicide	Undefermine INER   EXAMINER   MINER  MINER  MINER  MINER  MINER	10/67	DATE SIGNED
MED	21. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME Type JO	I took charge of Natural caus  A Line  Ann Mace	the remains described a ses X. Accident	Suicide CH CH M.D. AS	Homicide	Undefermine INER   EXAMINER   MINER   MINER   Own, or county)	d manner   10/67  Cambride	DATE SIGNED
Q22	21. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (1905)  3. BURIAL, CREMATION, REMOVAL (Specify)	Natural cause   the remains described a ses X. Accident   Jr. M. D. 22c. NAME OF CER	Suicide CH M.D. AS DEI METERY OR CREMATOR	Homicide	Undefermine INER   EXAMINER   MINER   OWN, or county)  LOCATION (City,	d manner 10/67	DATE SIGNED	
ZZZ	21. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME Type! JO BURIAL, CREMATION, REMOVAL (Specify)	Natural cause  Mace  A DATE THEREOF	Jr. M.D. C. NAME OF CER	Suicide CH CH M.D. AS	Hornicide Lief MEDICAL EXAM SISTANT MEDICAL EXAM drass (Street, city, and the street).	Undefermine INER  EXAMINER  MINER  MINER  MINER  LOCATION (City, Camb ridge	d manner   10/67  Combrid town, or county)  Md.	DATE SIGNED
ZZZ	21. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (1905)  3. BURIAL, CREMATION, REMOVAL (Specify)	Natural cause   the remains described a ses X. Accident   Jr. M. D. 22c. NAME OF CER	Suicide CH  CH  M.D. AS  DEF  METERY OR CREMATOR  Churchyan	Hornicide Lief MEDICAL EXAM SISTANT MEDICAL EXAM drass (Street, city, and the street).	Undefermine INER   EXAMINER   MINER   OWN, or county)  LOCATION (City,	d manner   10/67  Cambrid  town, or county)  e Md.	DATE SIGNED	

MARYLAND STATE DEPARTMENT OF HEALTH



1	Item 18 Film	3 5 2-1-W	ARYLAND STA	ATE DEP	ARTMENT O	F HEALTH			
	DIVISION OF	STATISTICAL R	ESEARCH AND R				LTIMORE 1,		
th.	_00659		GERII Item 9 Fil	FICATE	一つ ノップ・フィック	1-		0051	- 40
funeral rand 2 rand 2 rand 2	1. PLACE OF DEATH a. COUNTY	, ,	10011-9-13-1		2. USUAL RESIDEN	ICE (Where deceased I	b. COUNTY	: Residence be	efore admission
rs after by the f	LORC	hester.	Ma	ARYLAND X	///A	RIJANd	20	MERSO	et V
S a y	b. CITY OR TOWN (if or write RURAL and gl	ve nearestytown)	110		c. CITY-OR TOWN (I	f-odtside corporate	limits, write RUR	AL and give	nearest town
thour thou	d. NAME OF HOSPITAL	OR INSTITUTION OF DE	LIN 7 years	URS	d. STREET ADDRESS	Clas ()	mix		IS RESIDENC
e be executed within 24 hours after death sician and completely filled in by the funeral lease remove carbon papers. Paggs-1 and 2 and in any event, within 72 hours after death.	EASTERN Sh	ure Stale	HOSDI tAL	or anniess)	a. 21KEE1 ADDKE22				ON A FARM?
vithin letely rbon promited within	3. NAME DF DECEASED	n First	Middle	M	Last	4. DATE	Month	Day	Year
d w car ent,	(Type or print)	Leorg	iA R.	///,	tchell	DEATH		16	1967
cuter d cor	5. SEX 6. CO	LOR OR RACE 7. MAR	L		DATE OF BIRTH	OOI 9. AGE	(In years IFUND oirthday) Month	ER 1 YEAR IF	UNDER 24 HR Hours   Min.
exect and remo	1Da. USUAL OCCUPATION (GI			CED	02-22-1	006 1813	Oyrs.		
be e ician sase I	during most of working life	, even if retired)	IDD. KIND OF BUSINESS INDUSTRY	S OK	11. BIRTHPLACE ((	County & State, or fore	ign country) 12.	CITIZEN OF	WHAI
ate inysi ple al, a	HOUSE WOR	K			14. MOTHER'S MAL	DEN NAME	5,17 1	LIDIA	/
ng p hen mov.	ISAAC	T Mit	shall		P	e and h	-		
	15. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16. SOCIAL SECURITY	/NO.   17.	NFDRMANT A	- ////oc/	Address		
law requires that the death conflicate be executed within trending physician. It is been signed by the attending physician and completely as the burial-transit permit. Then please remove carbon prior to burial, cremation, or removal, and in any event, with	(Yes, no, or unkown) (If yes)			Me	dicalle	cords-EAS	ternshoe		Le HISF
the sit mat	18. CAUSE OF DEATH PART I. DEATH W.		Of Challe hal	d (c).] Lifejiabes	sis			ONSET	AL BETWEEN
tran transfer to the control of the	// ¬ ¬ IMMI	DIATE CAUSE (a)	NIGNERRY	17 JUNI	0///81444/	14/99/			-
law requires that tatending physician, has been signed been signed been signed been as the burial-tran h prior to burial, cre	Conditions, If any, w	DUE TO	Cerebral	441 /	2 - 5	04.00	-	> 6.	
require ding pl been the bu the bu or to bu	gave rise to immed	iate (	CITRIFINAL HE	190/_ /C	MARNIOSCI	-MAGGIT		100	<i>y~</i> 5
law requirent trending has been as the prior to	cause (a), stating underlying cause last.	the ( ) (c)							
he law or atten ate has use as alth pric	PART II. OTHER SIGNIFI		TRIBUTING TO DEATH B	UT NOT RELAT	ED TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART 1(	(a) 19. W	AS AUTOPSY
The I or at lor at cate I cate I ruse ealth	Ical		PANANOID	Seff	170PHRH	81112		YES	
ING PHYSICIAN: The I by the hospital or al firer this certificate I be detached for use State Dept. of Health	20a. ACCIDENT WAS U	NDERLYING 1 2 CAUSE OF DEATH EDICAL EXAMINER)	Db. DESCRIBE HOW I	VJURY OCCUR		f Injury in Part I or	Part II of Item	18.)	
OHYS the h this letac Dep	l≌ I		Od. INJURY OCCURRED	20e, PLACI	E OF INJURY (Home, f	arm, 20f. (City or	town) (C	County)	(State)
NG F NG F by t fter fter be c State	Hour a.m.	19 a	While Not While twork at work	]	, succe, omeg blug.,	6100)			
0 2 2 2 2	21. I certify that	(I) (this hospital) a	tended the decease			938, to //	16, 19	62, that	(I) (we) las
OR ATTEND y be retained DIRECTOR: A age 3 should	saw the deceased	alive on	19.6/7	, and that	death occurred at	4.M, from the			
De r d w d	22a SIGNATURE	44)	ith		ATTENDING -	MED ST	AFF X 22b.	DATE SIGNI	197
	220 PHYSICIAN'S	X	moris	M.D.	PHYS	DIRECTOR PH	rs. XII /	116/10	-
SPIT 4 m KERA d be	NAME (Type)	INSTIT D.	SMITH					(	
TO HOSPITAL OR Page 4 may be TO FUNERAL DIR director, page Should be filled v	23a. BURIAL, CREMATION, PEMOVAL (Specify)	23b. DATE THEREO	230. NAME OF	CEMETERY (	OR CREMATORY	23d LOCATION	V (City, town or	county)	(State)
$\rho$	Durial	1/296	15/- 12	nar	ew con	- Prin	el+ 1 (1	me.	PHILE
	24. FUNERAL DIRECTOR	1110	ADDRESS	6	25a. RE	2 3 1967	25b. REGISTRA	AR'S SIGNATI	Light
VR A15 (4) 20M 1/65	Sur. M	everen.	1 june		PAROME	2001		()_(	/



1.	PLACE OF DEATH			2. USUAL RESIDE	NCE (Where d	aceased livad. If	institution: Rasid	anca belore ad	mission	
	DORCHESTER		Maryland	a. STATE MD		b. COU	NTY.	THNE 'S		
_	b. CITY OR TOWN (if outside write RURAL and give no	corporata limits,	e. LENGTH OF STAY IN IS			orale limits, writ			1	
RL	IRAL CAMBRIDGE	atest 10Mul	1 MONTH	QUEENST	OWN			17.0		
	d. NAME OF HOSPITAL OR	NSTITUTION (If not in	hospital, give street address]	d. STREET ADDRES	S			e. IS RESI		
	ASTERN SHORE S		TAL						10	
3.	NAME OF DECEASED (Type or print)	First GOLD1E	MAE	MOR GAN	4. DATE OF DEATE	Mont JAN		y Year 196	7	
5.	SEX 6. CO	LOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9	. AGE (In years last birthday)	IF UNDER 1 YEA			
			WED X DIVORCED	8/10/87		79 уп.	Months Days	Hours	Min.	
	n. USUAL OCCUPATION (Given a during most of working life		. KIND OF BUSINESS OR INDUS	TRY II. BIRTHPLACE (Sia	le or foreign eo	uniry)		OF WHAT CO	UNTRY	
4-	HOUSEWIFE		OWN HOME	a M	-		U.S.			
13.	FATHER'S NAME	A M		14. MOTHER'S MAIDE						
15	HANSON MORG		16. SOCIAL SECURITY NO.   17.	ELLA DADO	2	Addis	-			
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. NO 1 - 09 00 HOSPITAL RECORDS									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  TERM [ N.A.] PINFLIMON 1.A.  ONSET AND DEATH										
PART I. DEATH WAS CAUSED BY, TERM [NAL PNEUMON ] A									ATH	
	744 X	DUE TO	-					2 DAYS		
	Conditions, if any, which		FRACTURE NECK	R. FEMUR				ROWAR	i	
	gava risa to Immediate caus									
(a), stelling the undarlying ausse lest.										
NO	PART II. OTHER SIGNIF	CANT CONDITIONS	CONTRIBUTING TO DEATH BUT I	OT RELATED TO THE TERA	NINAL DISEASE	CONDITION GIV	VEN IN PART 1(a)	19. WAS AU PERFOR		
CATION								_	o X7	
CERTIFIC	20a. EXTERNAL CAUSE WA	ING CIV	SCRIBE HOW INJURY OCCURRE			,	ta			
_	CAUSE OF DEATH.		NABLE TO OBTAIN							
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or town) (County) (State)  Hour a.m. 7 While Not While									
M	p.m.	87	work et work	ald an Assistant		NSTOWN,	-	1.		
			remains described above,		Inspection	,	· -	d in my opi	nion	
	death resulted from:	Natural causes [	, Accident [X]. Su	icide, Homicide	EXAMINER	det <b>er</b> mined m T	nanner			
	ACTURE	1- 2	yeza 9		DICAL EXAMIN	<u> </u>		DATE SIGN	ED	
		- Fr / F	A	M D	AL EXAMINER		1/	2/67		
	EXAMINER'S JO	HN MACE JR	•		, eity, town, or	_	L/	/ 01		
224	BURIAL, GREMATION, 226	. DATE THEREOF	22c. NAME OF CEMETERY			TION (City, low	or county)	" (State)		
T	Jurial JA	N. 14, 196	1 Chestertield	JEMESTERY	CENTRE	inle 1	TARY AN	d 2-161	17	
4	. FUNERAL DIRECTOR	0 4	ADDRESS	A a As. R	C'D BY REGIST	RAR   24b. REG	ISTRAR'S SIGNA	TURE		
1	Mul H. Backery	1, /Darlon 1.	Sweether Louis	DATE .	AN 16	1967	Mlane.	à		
€-	- Commence of the Commence of									

J 1.2

OWISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00662 and 2 death. 24 hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY Dorchester Illinois b. COUNTY Madi sen MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) filled in by papers. Page 72 hours a c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 1 week St. Jacob Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Maryland Hospital UNK YES NO. O HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. completely bon NAME DF DECEASED 3. First Middle Last 4. DATE Month Dav EMIL S. MUELLER 7, (Type or print) Jan. 66 DEATH 19 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH last birthday) Months I Days Male White May 22, 1890 WIDOWED TY DIVORCED [ entities physician a the Hen please re or removal, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) .= 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? TISA INDUSTRY Hamburg, Germany Ret. Farmer Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Mueller Ilnk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITYNO. 17. INFORMANT Address has been signed by the acter as the burial-transit permits prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) Unk Mrs. Geo. Haddawan, East New Market. Md. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? mua NO Z YES [ 2Da. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work DIRECTOR: A age 3 should filed with the 3 21. I certify that (I) (this hospifal) attended the deceased from saw the deceased alive on M, from the causes and on the date stated above. and that death occurred at 228. SIGNATURE DATE SIGNED page MED.
DIRECTOR ATTENDING PHYS. STAFF M.D. O FUNERAL I director, pag should be fill 220/. PHYS CIAN'S 22d/ ADDRESS NAME (Type) HOMP, SON 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify)
Buria I 2 Jan 10, 1967 Keystone Cemetery St. Jaceb, Illineis 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 250. REGISTRAR'S SIGNATURE 25a. LeCompte Funeral Service, Cambridge, Maryland VR A15 (4) DATE 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral executed within 24 hours after I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) e. COUNTY b. COUNTY Dorchester Maryland 4 2 P Dorchester MARYLAND pue b. CITY OR TOWN (if outside carparete limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rhodesdale - Riral .≘⊤ 3 days filled d. NAME OF HOSPITAL SE INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS 15 RESIDENCE ON A FARM? RFD Cambridge-Maryland Hospital completely papers. YES NO K 3. NAME OF Middle 4. DATE DECEASED within Timothy O'Donnell (Type or print) Neal DEATH January 1967 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS and 9. AGE (In years certificate be lest birthdey) August 7, 1966 Male Negro WIDOWED IT DIVORCED I physician remove 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Infant Cambridge, Md. None USA Then please 2. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending Gaither Neal Delores Washington removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes giva war or dates of service) No None Delores Neal, Rhodesdale, Md., RFD 18. CAUSE OF DEATH Enter only one ceuse per line for (e), (b), end (c). signed by INTERVAL BETWEEN Ö ONSET AND DEATH PART I. DEATH WAS CAUSED BY, cremation. IMMEDIATE CAUSE (a) Diarrhea 7\_days **burjal-transit** DUE TO aftending Conditions, if any, which Malnutrition .Undet. gave rise to immediate cause **DUE TO** (e), stating the underlying certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY use as CERTIFICATION PERFORMED? prior NO ⋤ for 20e. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) After this OR CONTRIBUTING | CAUSE OF DEATH of Health detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, street, office bldg., etc.) DIRECTOR: et work at work ይ 21. I certify that (I) (this hospital) attended the deceased from December ... 30, 1966 to January ... 1... 1967. that (I) (we) last 22e SIGNATURE SIGNED ATTENDING death. Page 4
O FUNERAL HOSPITAL page with 1 DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, Marvanov. M.D. 610 Race St. Cambridge. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. SURIAL, CREMATION, | 23b. DATE THEREOF o # & (Spacify) Near Rhodesdale, Maryland Jan.5.1967 Rhodesdale Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a, REC'D BY REGISTRAR , 25b, REGISTRAR'S SIGNATURE Frampton and Son, Federalsburg, Maryland

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00663 CERTIFICATE OF DEATH 00664 death requires that the deoth certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) filled in by the funeral PLACE OF DEATH a. COUNTY b. COUNTY ORCHESTER papers. Pages 1 MARYLAND c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) C. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside carparate limits, CAMBRIDGE, (RURAL) 10 DAYS WINGATE IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) None EASTERN SHORE STATETHOSPITAL NO X > YES and in any event, within Middle Last 4. DATE Manth carbon NAME OF DECEASED JANUARY 8 THOMA S RISDON POWLEY 19 6 (Type or pnnt) DEATH AGE (In years IF UNDER 1 YEAR JE LINDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH S. SEX 7. MARRIED NEVER MARRIED remaye 88 last birthday) 12-20-78 WIDOWED X DIVORCED MALE WHITE and 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 10a USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if refired) WATERMAN DORCHESTER MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ELIZABETH DATE POW LEY RISDON 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO Unk RECORDS OF THE EASTERN SHORE STATE HOSPITAL ONE signed by the after burial-transit perificularial, cremation, c INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) DUE TO Candifian's, if any, which gave nse ta immediate cause (a), DUE TO stating the underlying cause be detached for use as the State Dept. of Health prior to last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO by the hospital or O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) Not While at wark at wark , 1966, ta\_ 19(1) that (I) to los 21. I certify that (I) (this-hospital) attended the deceased from 12-24 Page 4 may be retained director, page 3 shauld should be filed with the 7, and that death occurred at \$50.0 M, from couses and on the date stated above sow the deceased alive on 1-2 22a SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR MD. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) EASTERN SHORE STATE HOSPITAL EDWA RD PEWIS M.D 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State (County) 23b. DATE THEREOF 23a BURIAL, CREMATION, Jan 10, 1967 Dorchester Memorial Park Cambridge, Maryland PREMOYAL (Specify) 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR VR A15 (4)



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Tage 4 indy by retailing by the inspirate of accounts process.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HI	EALTH
DIVISION OF STATISTICAL	<b>RESEARCH AND RECORDS, 301 W. PRESTON S</b>	TREET, BALTIMORE 1, MARYLAND
00664	CERTIFICATE OF DEATH	00665

1.								tesidence before admission)
		orchester	MARYLAND	a. SIAII	E Maryland	į <b>.</b>	NIT DOI	chester
	Cambric	N (If outside corporate limits, and give nearest town)	c. Length of stay in 1b  Two Years		TOWN (If outside c Rural—Camb		rite RURAL	and give nearest town)
	Cambridge	spital or institution (if not in he Maryland Hospita	ospital, give street address)	d. STREET A	ADDRESS D #3, Lloy	rds		O. IS RESIDENCE ON A FARM? YES AND
	NAME DF DECEASED (Type or print)	JAMES		ADCLIFI	FE 4. DAT		Jan.	Day Year 1, 1967
	sex Male	6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED X	B. DATE OF B		9. AGE (in years last birthday)	IF UNDER Months	1 YEAR OF UNDER 24 HRS. Days Hours Min.
du.	Executive Executive	ing life, even if retired)	IND OF BUSINESS OR VDUSTRY LLinery		PLACE (County & Sta lester Co.			DUNTRY? USA
13	. FATHER'S NAM	John Anthony Le	Compte Radclift		r's MAIDEN NAME Sophia D.	Travers		
(Y	S. WAS DECEASED I es, no, or unkown) NO	EVER IN U.S. ARMED FORCES? 16. (If yes give war or dates of service)		informant 1. Georg	ge L. Rado	Addre		lge, Md.
		DEATH LENter only one cause per leath was caused by:  1MMEDIATE CAUSE (a) MYOC:		Lon				INTERVAL BETWEEN ONSET AND DEATH 20 Min.
	Conditions, if	any, water 1 (b)	rio sclerotic (	cardio s	vascular r	enal dise	ease	5 yrs. +
_	cause (a), st underlying caus	ating the DUE TO Arter	cio sclerosis					5 yrs. +
CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	ITED TO THE TE	RMINAL DISEASE CO	DNDITION GIVEN IN	PART 1(a)	19. WAS AUTOPSY PERFORMED? YES ND X
	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, ND	WAS UNDERLYING   20b. I NG   CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	IRRED. (Enter	nature of injury in	Part 1 or Part 11 o	of Item 18.	3)
MEDICAL	20c. TIME OF I	n. While	Not While - facto	CE OF INJURY ry, street, offic	(Home, farm, 20f. e bidg., etc.)	(City or town)	(Cou	nty) (State)
_	21. I certif	y that (I) (this hispital) attended		3-19-	1965 t	$\frac{1-1-}{M}$ from the causes	, 19 <u>6</u> and on ti	7, that (!) (we) last he date stated above.
	22a. SIGNATUR		Told M.C	ATTENDING		STAFF -		ATE SIGNED
	22c. PHYSICIA NAME (Ty		iff, M/D.	6 Aur	ora Street	t, Cambri	dge, l	Maryland
23	a. BURIAL, CREM BURIAL (Spe BURIAL		23c. NAME OF CEMETERS Cambridge Ce	emetery	C	LOCATION (CHy, to ambridge	Mary	rland
	i. Funeral dire eCompte I	Tuneral Service,	ADDRESS Cambridge, Mar		25a. REC'D BY REC DATE JAN 6	1987 /	EGISTRAR'	s signature

VR A15 (4) 20M 1/65 Γ

Т	a DIVISI	ON OF STATIST	MAR	YLAND STA	TE DEF	PARTMENT OF , 301 W. PRESTO E OF DEATH	HEALT N STREE	H T. BALTIMOR	E 1. MARYL	AND
-	00565	1		CERTIF	FICATE	E OF DEATH	1	,	0061	56
	a. COUNTY	TH Dorchester	2			2. USUAL RESIDENCE A. STATE	e (Where dec	b. COUNT		
-		WN (if outside corpor		c. LENGTH OF ST	RYLAND AY IN 1b	c. CITY DR TOWN (If	W			
	I	loyds		57 yea	rs		oyds		- 10	/
۱		ospit <mark>ál or institut</mark> Tome	ION (If not in I	ospital, give street	t address)	d. STREET ADDRESS	9			ON A FARM?
3	. NAME OF DECEASED		First	Middle		Last	4. DATE	Month	Day	Year
_	(Type or print)	OCCUR		Monroe		chardson	DEATH	January	5th	19 67
5	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED 🔲 8	DATE OF BIRTH	9.	AGE (In years II)	FUNDER 1 YEAR	Hours Min.
_	Male	White	WIDOWED			1/6/1872	9	4 yrs.		NE WHAT
đ	u <u>ri</u> ng most of wo	ATION (Give kind of wor rking life, even if retir	ed)	INDUSTRY	UK	11. BIRTHPLACE (C			12. CITIZEN C	?
-	H'armer 3. FATHER'S NA	& Wood wo	ork <b>er</b>			Dorche		Md.	U.	
^			Of a boss	A				tanhan		
<u> </u>		Columbus Deverings, ARMEDI		CISOTA . SOCIAL SECURITY	NO.   17.	INFORMANT	Unris	topher		
C	Yes, no, or unkown)	(If yes give war or date:	of service) 2	14-12-03		James B.	Rich	ardson	Lloy	ds Md.
		F DEATH (Enter only o		line for (a), (b), and	(c).1	1 -			INTER	RVAL BETWEEN ET AND DEATH
	PARI L	DEATH WAS CAUSED E , , immediate caus	E (a)	onary	1 use	outrages				dogs
	Conditions, I	f any, which	E TO (i)	tuote	eluc	Les CV				
١	gave rise to cause (a), underlying ca	stating the DU	E TO (	touse	CA OI	Person C	1		تم	)
Z			IONSCONTRIB	UTING TO DEATH BU	TNOTRELA	TED TO THE TERMINACT	DISEASE CON	DITION GIVEN IN P	ART 1(a)   19.	WAS AUTOPSY PERFORMED?
CERTIFICATION									YES	
	. 1	IT WAS UNDERLYING T TING □ CAUSE OF DE OTIFY MEDICAL EXAM	ATH IINER)	DESCRIBE HOW IN	JURY OCCU	RRED. (Enter nature of	f Injury In Pa	rt i or Part II of	Item 18.)	
MEDICAL	20c. TIME D	F INJURY Month, Day a.m. p.m. 19	While	NJURY OCCURRED Not While	2De. PLAC factor	CE OF INJURY (Home, fary, street, office bldg., e	arm, 2Df.	City or town)	(County)	(State)
2		tify that (I) (this ho			from	1	935 to	Jan 1	. 1967. th	at (I) (we) lasi
		leceased alive on	y are	7 1967		death occurred at_	,	m the causes a	nd on the date	stated above
	22ai SIGNAT		Jan /	bon			MED	STAFF PHYS.	22b. DATE SIG	
	22c. PHYSIC			1000	M.D	PHYS. 220 ADDRESS	DIRECTOR	PHTS.	1/9/6/	/
-	3a. BURIAL, CRI		/ THEREOF	L 23c. NAME OF	CEMETERY	OR CREMATORY	1 23d. 90	CATION (City, tov	vn or county)	, (State)
	REMOVAL (S Euris	ipecify) 1/8/6	7	Richard		family plo	ot R.		ambrid	
	24. FUNERAL DI	RECTOR	Comb	ADDRESS ridge Md		25a. RE	C'D BY REGI	1927	Maylen	Λ
-	Beret	Mond of	y vaim	Trago Ma	•	DATE J	AN L	. 15:57	. Terrely	11- 11



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
7 = 2 -	00666 CERTIFICATE OF DEATH
death,	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, It institution: Residence Defore admission)
affer of the far	Darking ton MARYLAND 8. STATE OF B. COUNTY Street Street
60 100	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
hours d in by rs. Pa 2 hours	Elmbridge, (Nural) Lyrs.   East New Market
rtely filled in by bon papers. Pag within 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  ON A FARM?  YES NO
completely ve carbon event, with	NAME OF First Middle Jast 14 DATE Month Day Year
Ĕ l	(Type or print) Holes Hollise Nobles DEATH January 1 1967
S	SEX   6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS   last birthday)   Months   Days   Hours   Min.
	WIODWED DIVORCEO 7-24-10 87 yrs.
ď	Oa. USUAL OCCUPATION (Give kind of work done in the line of the li
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Harmoter Homeston Michael To Pomoto
	IS. WAS DECEASED EVER IN U.S. ARMEOFORCES? 16/ SOCIAL SECURITY NO. 17. INFORMANT  (es, no, or unknown) ((If yes give war or dates of service)
- 1'	The Mas - Eustern Shows State Adsp.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEEN DISET AND DEATH
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Corebro - Vascalor accident
	DUE TO DUE TO
	gave rise to immediate (b) Glabetes mellitus
	cause (a), stating the DUE 10 underlying cause last.
200	
CAT	PERFORMED? YES NO NO
CFRTIFICATION	20s. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
-	11/ Au
MFOICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While
ME	
	21. I certify that the (this hospital) attended the deceased from Sept. 21, 1964, to 1964, to 1964, that the deceased from 1964, to 1964, the standard characteristics and the standard characteristics are the standard characteristics.
	saw the deceased alive on 1901 15 1967, and that death occurred at Mon M, from the causes and on the date stated above
	John Blan Welster M.D. ATTENDING   MED. STAFF   Jan 18 1967
	22c. PSYSICIAN'S AMME (Type)  22d. AOORESS
	Jean Okur Webster (Eastern) here stute frosp-
2	3a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
) -	24. PUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE
1	1D. A. 1 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	Last L. Shower & Grabuly 11 J. DATE JAN & J 1301 Judge



0060 The statistical research and records, 301 W. Preston Street, Baltimore 1, Maryland MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA HEALTH DEPT. 1. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Dorchester Dorchester Maryland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b DOA Hurlock - Rural Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B. JS RESIDENCE ON A FARM? ay Is 3 to 1 Page State R.F.D. #1, Box 214 Cambridge-Maryland Hospital YES X NO \_ and and NAME OF First DATE Month Day Year Middle DECEASED 1967 28 Lillian Smi th Anne DEATH January (Type or print) 2 with within 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR IF UNOER 24 HRS last birthday) Months | Days Hours April 25, 1922 Female Negro WIDOWED ! DIVORCED 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Ridgely, Maryland n 24 hours after in Item 18. Giv office along USA Home Housework 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eary Dobson Andrew Gibbs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) | (If yes give war or dates of service) certificate should be executed within iting the word "pending" in pencil is led to the Chief Medical Examiner's Floyd H. Smith, Hurlock, Maryland, RFD 213-20-3774 No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: burial-transit cremation, or Acute alcoholism Undet. IMMEDIATE CAUSE (a) 3000 OUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the G underlying cause last. sed as burial. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES IX NO 3 £ DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should be agent, price (State) MEDICAL 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While at work Not While Inspection Inquiry and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy plnods es. Undetermined manner death resulted from: Natural causes Accident Suicide Homicide RECTO CHIEF MEOICAL EXAMINER YOUR 22. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DC 7/67 Race St. Cantorid e .ild. director. retained NAME (Type) Alfred Maryanov. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 1 23b. OATE THEREOF REMOVAL (Specify) Burial 0 Hurlock, Maryland Feb. 1967 Washington Cemetery REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR AODRESS GME 1/can z amb z om Son. Federalsburg, Maryland and 3500 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00668 CERTIFICATE OF DEATH death and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY o. STATE b. COUNTY ease remove carban papers. Pages 1 and in bay event, within 72 hours after DERCHESTER MARYLAND MARYLAND The law requires that the death certificate be executed within 24 hours after CARDBINE b CITY OR TOWN (If autside carparate innts write RURAL and give nearest tawn) E LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest tawn) مَ CAMBRIDGE (RURAL) 6 MONTHS DENTON filled in I d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? NO. YES EASTERN SHORE STATE HOSPITAL 615 MARKET STREET Middle 4. DATE and campletely f Year DECEASED CLARA TAYLOR (Type or print) DEATH 19 67 SURRAN JE UNDER 1 YEAR S SEX AGE (In years JE UNDER 24 HRS 6 COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Manths Davs Hours DIVORCED WIDOWED 10/18/86 FEMALE WHITE 10o tISUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? physician ien please QUEENSTOWN, MARYLAND USA 13. FATHER S NAME burial, crematian, or removal, CHARLES TAYLOR HANNAH BLOOD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address NONE 222-12-3650 RECORDS OF THE EASTERN SHORE STATE HOSPITA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond, (c). INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause the of Health prior ta WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) use NO this certificate 6 20a ACCIDENT WAS UNDERLYING □ 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Hour o.m. Not While foctory, street, office bldg . etc.) at work 🔲 19\_\_\_\_, that (I) (we) las 21. I certify that (I) (this haspital) attended the deceased fram ta and that death accurred at 4 M. fram causes and an the date stated above saw the deceased alive an 22a. SIGNATÜRE 22b DATE SIGNED ATTENDING MED. STAFF D. DIRECTOR PHYS. director, page shauld be filled 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) PETER RIECKERT CAMBRIDGE. MARYLAND 23c NAME 'OF CEMETERY, OR CREMATORY 23d. LOCATION (City or Town) DATE THEREO! 23g. BURIAL\_CREMATION (County) (State) "REMOVAL (Specify) 2012 2 25g. REC'D BY REGISTRAR
DATE 8 6 191 REGISTRAR S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1000K



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00669 CERTIFICATE OF DEATH requires that the death certificate, be executed within 24 haurs after death guq signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) b. COUNTY Dorchester a. COUNTY o. STATE Dorchester Maryland MARYLAND b CITY OR TOWN (If autside carparote i-mits, write RLRAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Cambridge Life Cambridge d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 15 RESIDENCE ON A FARM? Cambrdige Maryland Hospital. Inc. 805 High Street YES NO 📮 3 NAME OF 4. DATE Lost Month Doy Year DECEASED (Type or print) Columbus Todd DEATH January S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE ( n years birthday) Manths Haurs WIDOWED April 17, 1914 DIVORCED Male Negro 10o, USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR during mast of working life, even if retired)

Laborer COUNTRY? INDUSTRY Dorchester Co., Md., 14. MOTHER'S MAIDEN NAME USA 13 FATHER'S NAME ar remayal. John W. Todd Susan Travers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 21/1-18-/1910 805 High Street Camb. Anna Todd Md Interval between CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY. ONSET AND DEATH Coronary Occhusion IMMEDIATE CAUSE (o). DUE TO Canditians, if any, which gove rise ta immediate couse (a), DUE TO use as the a stoting the underlying couse Pag■ 4 may be retained by the h≡spital or attending O IUNERAL DIRECTON: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS'
PERFORMED? far use i Health p Diabetes Mellitus, Pleural effusion NO 🔼 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c TIME OF INJURY Manth, Doy, Year Hour om. foctory, street, office bldg., etc.) 21 I certify that (I) (this haspital) attended the deceased from Dec. 23, 19 00, to January 9, 19 01, that (I) (we) last saw the deceased glave ap January 91907, and that death accurred at 3P. M, from causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** DIRECTOR M.D. PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Edwin Fassett M.D. 623 HighbStreet Cambridge. Md director, shauld be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o BURIAL CREMATION. 23b DATE THEREOF (Caunty) Linas Road Dorchester Co. 2So REC'D BY REGISTRAR ADDRESS 24 FUMERAL DIRECTOR VR A15 (4) 1 Cambridge, Md.



. , 1 ŧ, ! \_\_\_\_

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00671 00671 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased led, if institution Residence before admission) o COUNTY b. COUNTY Dorchester Maryland Dorchester after death. MARYLAND b CITY OR TOWN (If outside corporate 1 mits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hurlock Hurlock R.F.D. d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours Give Pages 1, R.F.D. ote NO T 3 NAME OF Middle First Lost 4 DATE Month DECEASED MAKEKK Hamilton Purnel1 Waters January 19 67 ÷ (Type or pnat) DEATH S SEX F LINDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE ΓX 8 DATE OF BIRTH 9 AGE (In years 7. MARRIED NEVER MARRIED ost birthdoy) Doys Male Negro Sept. 28, 1910 DIVORCED WIDOWED 24 haurs 11 BIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) Canning Factory COUNTRY? Hurlock, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within penci .⊑ William H. Waters, Sr. Mary Lelia Thompson File and 16 SOC AL SECURITY NO 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give wor or dotes of service) or remayal. 217-10-8538 Mrs. Grace M. Waters, Hurlock, Md. Box 302 INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary occlusion This certificate should writing the ward used as a burial-tn burial, crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) please execute the certificate. NO X its designated agent, prior ta 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port 1 of tem 1B) 3 should PRIMARY Or CONTRIBUTING O LAL EXAMINER: CAUSE OF DEATH 20e PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Doy, Year (County) (Store) Hour om Not While factory, street, office bidgi, etc.) may be retained for yaur FUNERAL DIRECTOR: Page of work at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X, Inquiry [ ond in my opinion director. Natural couses . Accident . Suicide . deoth resulted from: Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S John Mace Jr. M.D. 5 may 10 FUNE NAME (Type) Address (Street, city, town, or county) Cambridge. 23c NAME OF CEMETERY OR CREMATORY 23h DATE THEREOF 23d LOCATION (City or Town) 230 BURIAL CREMATION. (County) REMOVAL (Specify) Near Hurlock, Maryland 1-14-67 Petersburg Cemetery Burial 24 FUNERA OPEGOR / Law Have / Són, Federalsburg, Md. VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00672 CERTIFICATE OF DEATH 00672 funeral 1 and 2 1er death, requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY filled in by the fun papers. Pages 1 of thin 72 hours after of MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) wrife RJRAL and give nearest town) GREENSBORD AM BRIDGE e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES □ NO [ NAME OF 4. DATE emave carban event, wit Year OF DEATH **DECEASED** 196 (Type or print) renze-a ALVIN 9. AGE (In years IF UNDER 1 YEAR JF UNDER 24 HRS 5. SEX 6 COLOR OR RACE DATE OF BIRTH MARRIFO **NEVER MARRIED** lost birthday) Months Days Hours WIDOWED DIVORCED 07-25-47 12. CITIZEN OF WHAT 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, ar fareign country) during mast af working life, even if retired) COUNTRY? INDUSTRY MARYLAND FARMAR. ICTIFED 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME cremation, or remay Luther Weaver argareT Leth MARTIN 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address 36-SOCIAL SECURITYING **INFORMANI** (Yes, na. or unknown) (If yes give wor or dotes of service 114 18. CAUSE OF DEATH (Enter only one couse payline for (o), (b), and (c).
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-tramsit IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO ALTERIOSCLEROSIS Conditions, if any, which gave rise ta immediate couse (a). DHE TO stating the underlying cause be detached for use as the State Dept. af Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO **DIRECTOR:** After this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 ar Port II af item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Not While foctory, street, office bldg., etc.) of work 21. I certify that (1) (this haspital) attended the deceased fram , 19\_\_/, that (I) (we) lost . 19 - ₹... ta Z.... Z. saw the deceased alive an/ / - -1947, and that death accurred at 🔏 M, from causes and on the date stated above 22b. DATE SIGNED 220 SIGNATURE **ATTENDING** MED. DIRECTOR director, page 3 shauld be filed v M.D. PHYS 22d ADDRESS 22c PHYSICIAN'S FUNERAL NAME (Type) EDWA SHORE (County) 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, -REMOVAL Speedy) Greensboro Caroline Greensboro 2Sb. REGISTRAR'S SIGNATURE 24A FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR DATE A



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00673 00673 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the ottending physician and completely filled in by the funeral sit permit. Then please remove carbon papers. Pages I and nation or the month ond in any event, within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY Dorchester MARYLAND b CITY OR TOWN (If autside carparate limits, & JENGTH OF STAY IN Th c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) HITLOCK HOTELSTOWN) Ridgely d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENC ON A FARM? None Belle Haven Nursing Home YES NO IX 3 NAME OF 4 DATE First Month Year DECEASED Wharton January 8 Mary 6 19 DEATH (Type or print) IF UNDER 1 YEAR I IF UNDER 24 HRS. S SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED dost birthdoy) Whi te Nov. 1. 1886 Female WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during mast of working life, even if settred) COUNTRY? HADUSTRY CONCE Penna. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Inler Ida Walters 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, not of the control of the cont Ridgely, I'd. Mrs. Clark Murphy 18 CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit p PART I DEATH WAS CAUSED BY: 2005 AND DEATH IMMEDIATE CAUSE (a) Acute Pulmonary Ddema Chronic congestive cardiac Failure 2 yrs Canditions, if any, which gave rise to immediate couse (a), DUE TO far use os the l Heolth prior to b stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been Aypertensive agteriosclerotic Heart Disease 12yrs PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? detached far use Left Hemiplegia recent and also yrs ago NO 3 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I at Part II af item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this hospital) attended the deceased from 9/18/65 . 19. \_\_, 19\_\_\_, that (I) (we) last 19\_\_\_\_, and that death accurred on 10 Marfram causes and on the date stated above. saw the deceased alive an\_ 22a. SIGNATURE 22b. DATE SIGNED 1/10/67 STAFF M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Harold B. Plummer M.D. NAME (Type) Preston Manyland director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL CREMATION. REMOVAL (Specify) 1-11-67 Greensboro Greensboro Carolino 2Sb. REGISTRAR'S SIGNATUR 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Charles VR A15 (4) 20 M 1/66 Gree shoro,



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dearest TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00674 MACTE

	0001
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, II Institution: Residence before admission) B. STATE D. COUNTY
DOR CHESTER MARYLAND	a. STATE MD. b. COUNTY CAROLINE
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL CAMBRIDGE 42 MO.	HILLSBORO 15.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
EASTERN SHORE STATE HOSPITAL	ON A FARM? YES NO 1
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) LYDIA EMMA	WISHER DEATH JAN. 18 19 67
5. SEX   6. COLOR OR RACE   7. MARRIED   X   NEVER MARRIED   1	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
FEMALE NEGRO WIDOWED DIVORCED	4/19/94 Last birthday) Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	Mo. COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
CHAREES FLAMER	MARY CLARK
	INFORMANT Address
(Yes, No, or unknown)   (If yes give war or dates of service)	
	IOSPITAL RECOROS
18. CAUSE OF CEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET/AND, DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	21/5
493X DIF TO	
Conditions, if any, which ) (b)	
gave rise to immediate	
cause (a), stating the DUE TO underlying cause last. (c)	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
THE STATE OF THE S	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED, (Enter nature of Injury In Part I or Part II of Item 18.)
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ANALO. (Little Hatalo of Injuly in Fall 1 of Fall II of Roll 2007
facto	CC OF INJURY (Home, farm, 20f. (City or town) (County) (State) bry, street, office bidg., etc.)
Hour a.m.  p.m.  19   While   Not While   at work   at work	
21. I certify that (I) (this hospital) attended the deceased from	9/1 1966 to 1/18 1967 that (1) (we) last
1/10 1 77	t death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Celys M. Dorway M.C	D. ATTENDING MED. STAFF 1/18/67
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) FELIPE M. DOMINGUEZ, M.D.	E.S.S.HOSPITAL, CAMBRIDGE, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	
By PENOVAL (Specify)	Chanel Manuel 4
24. FUNERAL DIRECTOR ADDRESS ADDRESS	1 25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
Della Della Della Q X	3 / 11 11 0 / 1 - 000
Santale Chair Vent Carry	DATE JAN 24 1967 Clearley Judge
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24 nours arter death	he funer s 1 and fter deat	1.	PLACE OF DEATH a. COUNTY Dorchester	MARYLAND	Z. USUAL RESIDENCE (Where a. STATE	b. COUNTY	Der. 1	
nours an	d in by the rs. Pages ] 2 hours afte		D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  4. NAME OF HOSPITAL OR INSTITUTION (If not in hospit.	LENGTH OF STAY IN 1b	d. STREET ADDRESS	orporate limits, write RUI	RAL and give nearest tow	
	- 0 A		Belle Haven Narsin	ng Home	North Main St.	, Ext.	ON A FARM?	?
	completely fill ye carbon pa event, within	3.	NAME OF First DECEASED Type or print)	artha Wo	Last 4. DAY OF DE	нти /	Day Year 26 196	-
Yeener	remove In any ev	1	emale white WIDOWED	NEVER MARRIED 8	+/2/1880	last birthday) Month		_
27 21	ysician please and In	dur	none	OF BUSINESS OR TRY	11. BIRTHPLACE (County & St	ate, or foreign country) 12	CITIZEN OF WHAT	
211112	DA CO O	13.	Robert Lord		Mary E. W	illough	611	
eath c	호플병	15 (Ye	no, or unknwn) (If yes give war or dates of service)	m	rs John 1.T.	Breuil E	Idorado, Md	1
nt the can.	y the		18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	4 1.	ombous		INTERVAL BETWEE	N
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician.	an signed by the all burial-transit permonention,		gave rise to immediate	wselewtic	. heart dise	are	2 year	4
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by the	After this collection of State Dept.	MEDICAL	Mana a sa	Y OCCURRED 20e, PLAC Not While at work	E OF INJURY (Home, farm, 20f y, street, office bldg., etc.)	. (City or town) (	(County) (State)	
stained	ECTOR: A 3 should with the		Saw the deceased allive oil 19 11 11	The state of the s	death occurred at 12 pm,			
av be re			22a. SIGNATURE CARRY & BOWLA	10 M.D.		STAFF 22b.	-28-67	
Page 4 may	TO FUNERAL DIR director, page should be filed		22c. PHYSICIAN'S NAME (TYPE) CARLOS F. BARE		HUTITCK	Dorchester	Md.	
TO H	Spin Spin Spin Spin Spin Spin Spin Spin	233	REMOVAL (Specify) 1/28/67 4	c. NAME OF CEMETERY	toh H	LOCATION (City, town or	md	
	A15 (4) (7)	24	the Thelloughly East.	Jew Marke	DATIAN 30	1967 FEGISTR	RAP'S SIGNATURE	
2011		1	/ //					ſ

